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HORATIO MILO POLLOCK NUMBER

THE PSYCHIATRIC QUARTERLY SUPPLEMENT

OFFICIAL SCIENTIFIC ORGAN OF THE NEW YORK STATE
DEPARTMENT OF MENTAL HYGIENE

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HORATIO MILO POLLOCK, PH.D.

DIRECTOR OF NEW YORK STATE'S MENTAL HYGIENE STATISTICS, 1911-1943



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No. 1

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PUBLISHED BY AUTHORITY OF THE
NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE

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HORATIO M. POLLOCK, PH.D.

A Review of His Career

Ending nearly 40 years of public service to his native State, Horatio M. Pollock, Ph.D., retired on December 31, 1943, at the age of 75 as director of mental hygiene statistics and head of the Statistical Bureau of the New York State Department of Mental Hygiene, after an extraordinarily varied career as statistician, author, editor, educator, and leader and pioneer in many fields for civic and social betterment. His closest associates in official life, members of the staff of the New York State Department of Mental Hygiene, gave a testimonial dinner for him in Albany on December 29 as their final contribution to a long series of national and international honors. Official recognition by the State of New York of his distinguished service came in two extensions of his period in office after he had reached the retirement age of 70.

Dr. Pollock was the first editor of THE PSYCHIATRIC QUARTERLY, when it succeeded THE STATE HOSPITAL QUARTERLY in 1927, and he held that position until 1935. He was president of the American Association on Mental Deficiency in 1942-1943 and is an honorary member of the American Psychiatric Association. He was official representative of the United States to the Pan-American Neuropsychiatric Conference at Lima, Peru, in 1939. He reorganized and put on a sound basis what had been a chaotic statistical system in the New York State hospital service. He organized similar systems for the neuropsychiatric service of the United States Army in the first World War and for the mental hospitals of the State of Illinois. In collaboration with Edith M. Furbush, Dr. Pollock prepared the federal census reports on patients in hospitals for mental disease and on the institutionalized mental defectives and epileptics in the United States in 1923.

Dr. Pollock is the author of numerous technical and scientific books dealing with various aspects of psychiatry, mental deficiency and mental hygiene. His statistical studies convinced him that alcoholic beverages played a larger part than was generally believed in the etiology of mental disease; he was a strong believer in national prohibition; and he continued to speak and write in favor of it after the repeal of the Eighteenth Amendment. He was greatly interested in occupational therapy; and he was a pioneer in this country for family care. He was a coauthor of "Family Care of Mental Patients," published in 1936 and still the only book in English on this subject; and he later traveled in the British Isles and on the continent of Europe to observe and report on the family-care systems in use there.

Horatio Milo Pollock was born in the village of Patria in Schoharie County, N. Y., on September 2, 1868, the son of Jesse W. and Mary Malvina (Daggett) Pollock. He attended country school, and, with only this formal educational background, began to teach school himself for periods each winter when he was only 17. According to Neil A. Dayton, M. D., who spoke at the president's dinner of the American Association on Mental Deficiency in honor of Dr. Pollock in May, 1943, regard for his father's wishes and his father's need for labor kept him on the farm until he was 20 years old. At that time, young Pollock entered the Cobleskill High School, attended for a total of 31 weeks in a two-year period and was graduated from the full high school course with the highest honors in his class.

Four years later, in 1897, he was graduated from Union College with the degree of B. S., after a college career in which he had been active in athletics as well as scholarship, playing on the football team and winning a number of events in wrestling—in the lightweight, middleweight and heavyweight classes. He also had something of a record as a sprinter.

After graduation from Union, young Pollock went to Germany for two years, earning his M. A. and Ph.D. degrees at Leipzig in 1897, and receiving an M. S. from Union in the same year. Returning to this country, he reentered the teaching field in which he had had his first experience before attending high school and was for three years a teacher of biology, physics and German in the Albany High School. In 1900, he became senior examiner for the New York State Civil Service Commission, a position he held for seven years; and in 1907, he returned for another four years of teaching, this time in the field of higher education. He was first a teacher of economics and biology at the State College for Teachers and later a teacher of economics and sociology at his own college, Union.

In 1911, Dr. Pollock took the position which was to be his principal life work. He reentered the State service to reorganize and administer the statistical work of the State mental hospitals in the position which later became that of director of mental hygiene statistics in the Statistical Bureau of the New York State Department of Mental Hygiene and which he held until his retirement.

When Dr. Pollock took over this work, statistics of the State's mental hospitals were for the first time under scrutiny. A committee had been appointed by the Quarterly Conference to consider and make recommendations for uniform statistical data throughout the State hospital system. Up to this time, the individual hospitals had compiled their own statistics, with many repetitions and other errors. That committee is still active and is now entitled the "Committee on Statistics and Forms." It was not until Dr. Pollock's advent that it functioned efficiently. Dr. Pollock found that the

existing forms of the individual institutions were poorly devised and frequently not comparable. It was impossible to get an adequate statistical survey of the problem of mental illness as a whole, or even to obtain reliable basic figures from which conclusions could be drawn as to the relative incidence of the various mental disorders, remission or improvement rates, length of hospital stay, or efficacy of different methods of care and treatment.

Dr. Pollock's organization and administrative work was sound and thorough. With the able and enthusiastic cooperation of his colleagues, serving as the committee on statistics and forms, he developed New York State's reports into a dependable, scientific system which has served as a model for statistics on mental disorders, both in this country and abroad. Witness to its soundness and success was the call on Dr. Pollock by Surgeon-General Gorras during World War I to organize, with the commission of first lieutenant, a similar system of records and statistics in the army's new division of neurology and psychiatry.

Further testimony came when he was called upon by the State of Illinois in 1920 to reorganize the statistical system there, a job involving the designing of new reporting methods for institutions for mental defectives, delinquents, epileptics and for schools for the deaf and the blind.

His influence became nation-wide when he became statistical consultant for the National Committee for Mental Hygiene in 1918, a position which he has held since that time, and in which he has had great influence in working for the establishment of uniform statistical systems for mental hospitals and institutions for mental defectives throughout the country. In editing and revising the "Statistical Manual" for mental hospitals, which is sponsored jointly by the committee on nomenclature and statistics of the American Psychiatric Association and the National Committee for Mental Hygiene, Dr. Pollock has been a representative of the latter body. He has acted in a similar capacity, as chairman of the committee on statistics of the Association on Mental Deficiency in editing and revising the "Statistical Manual" for institutions for mental defectives which is sponsored jointly by that organization and the National Committee for Mental Hygiene.

Further work in the field of statistics involved service as statistical adviser to the Committee on Joint Methods of Preventing Delinquency from 1924 to 1926, and as statistical adviser to the State Charities Aid Association from 1928 to 1931. In his work—already mentioned—in preparation of the special United States census reports on patients in mental hospitals and on mental defectives and epileptics in institutions throughout the country, he acted as special adviser, in the position of special agent of the United States Census Bureau from 1921 to 1926. Most of his more than 40 pub-

lished books and scientific articles deal with statistics in various aspects of the fields of mental hygiene and mental deficiency. He has been chairman of the committee on institutional statistics of the American Statistical Association since 1921.

Dr. Pollock early became active in civic and public affairs. In 1906, he organized and became president of the New York State Teachers' Bureau, which merged several years later with the Albany Teachers' Agency. At about this same time, he became president of the New York Education Company and associate editor of the monthly publication, "American Education," a position he held until 1920. Between 1908 and 1911 he collaborated with George C. Rowell and Charles W. Blessing in the preparation and publication of three examination and review books; and another comparatively early venture into authorship was his collaboration with Dr. William S. Morgan on the volume, "Modern Cities," published in 1913 as a result of long study of municipal affairs in Europe and the United States.

In other activities in the field of civic or public welfare, Dr. Pollock was president in 1924 and 1925 of the Association of State Civil Service Employees; and he was president of the Philosophical Society of Albany in 1928 and 1929. He was executive secretary from 1907 to 1911 of the Civic League of Albany and its president in 1913. He was president of the Torch Club of Albany in 1931 and 1932.

Besides professional and civic interests, Dr. Pollock began to participate actively in business while he was still with the State Civil Service Commission. Between 1905 and 1920, two real estate plots near Albany were developed by him as Pollock Park and Lakeside Park. In 1921, he cooperated in the organization and management of Winters Farms, Inc., a firm which produced certified milk on a large farm near Albany; and he began the development of a dairy and fruit farm at Middleburg in 1928.

With the start of his work in 1911 for the State hospital system, then under the State Hospital Commission, his lasting interests in psychiatry and mental hygiene began to develop; and he soon became widely known as a writer and editor in the field to which he devoted the greater part of his life.

When the American Medico-Psychological Association took over the "American Journal of Insanity" from the State of New York, that publication was succeeded within the State, after a lapse of several years, by THE STATE HOSPITAL QUARTERLY. Dr. Pollock became its editor in 1915, held the position until 1927 when the journal's name was changed to THE PSYCHIATRIC QUARTERLY, and retained the editorship of that quarterly until 1935. From 1935 until his retirement, he was editor of "*Mental Hygiene News*," a monthly publication circulated widely among staff members of the New York State institutions and having a larger outside distribution in addition.

Some of Dr. Pollock's earliest writings in the mental hygiene field were devoted to the alcohol problem. He became an advocate of prohibition, believed the statistics of early years of enforcement fully justified his position, and continued in unshaken advocacy of national "dry" laws following the Eighteenth Amendment's repeal. He was the author of a paper as early as 1915 on "The Use and Effect of Alcohol in Relation to the Alcoholic Psychoses," and he summed up his long experience in 1940 with an article entitled, "Thirty Years of Alcoholic Mental Disease in New York State."

Interest in occupational therapy was manifested throughout Dr. Pollock's career in the New York State Department of Mental Hygiene. He wrote a number of articles on the subject, not all of which, by any means, dealt entirely with statistical aspects of this treatment.

In the last decade, Dr. Pollock's outstanding activity, aside from the work of administering what had then become a model statistical bureau, was his pioneering in the field of family care in the United States. In 1936, he was editor and coauthor of "Family Care of Mental Patients," a volume aimed to promote the use of family care as "a supplement to, and a relief from, institutional care" and to show "how this method of treatment is successfully carried on in the United States and foreign countries."

At that time, the famous colony of Gheel in Belgium had been in successful operation for several centuries; in Scotland, Germany, France and other European countries, family-care systems had been in existence for years or decades; and in this country, Massachusetts had been placing mentally-ill patients in families since 1885; New York had numbers of mental defectives and a comparatively small group of psychotic patients living with private families under State supervision; and a few other states had made cautious beginnings in developing family care systems.

It is from the publication of this volume of which Dr. Pollock was editor, however, that attempts to develop family care for New York mental hospital patients on a large scale may be said to date. The placement of mental defectives in homes had been authorized officially at that time for only three years and that of the mentally ill for only one. Dr. Pollock's interest in the problem preceded New York State's first placements. Following considerable study of the literature on the subject, which had convinced him that family care "should be undertaken and extensively used" by the Department, he had read a paper on the subject as early as the December Quarterly Conference of superintendents and visitors of the Department in 1932.

Before editing "Family Care of Mental Patients," which was written with the collaboration of psychiatrists who had had first-hand experience in the field, Dr. Pollock read all the available literature in English, French

and German and visited and studied the operation of family-care homes in New York State and Massachusetts. Much of the notable expansion in family care, not only in New York, but in other states from the Atlantic to the Pacific, which followed publication of this volume has been attributed to Dr. Pollock's personal work, research and enthusiasm. The year after the book appeared, he traveled in France, Germany, Belgium, Switzerland and Scotland as a representative of the New York State Department of Mental Hygiene and of the National Committee on Mental Hygiene to make a personal study of the European family-care systems.

In the six years following his European investigation, Dr. Pollock continued to speak and campaign actively in behalf of the further extension of the family-care system for mental patients. He was a member of the standing committee of the Quarterly Conference on home and community care of institution patients; and one of his last official acts was to report to the March, 1943, Quarterly Conference on the status of prewar family care in Europe and the prospects for postwar development of family care in New York State.

Among the principal recommendations made for the future after his years of study were: (1) Continuation and expansion of the present family-care program, regardless of whether changes in method or administration prove advisable in the future; (2) The appointment of a director of family care to promote and supervise the work throughout the Department; (3) The making of separate future appropriations for family care, apart from appropriations for institution maintenance; (4) The provision of "family-care colonies" in various parts of the State.

The "colonies," as outlined under this fourth recommendation, would not be the same type of colonies as those now operated by the State schools. Each would include a small hospital for receiving patients for a few days observation before placing them in suitable families, the method used at Gheel in Belgium and Dun-sur-Auron in France; an easily accessible group of surrounding families, with special training for caretakers; and a specially-trained permanent staff for colony operation.

Without making a "definite proposal," Dr. Pollock also raised the question as to whether it might not be worth while from the point of view of prevention and reduction of hospital admissions for the State to provide free psychiatric and social service, as well as other necessary aid, for mental patients in their own homes.

Besides the publications already mentioned, Dr. Pollock was author of a volume, "Mental Disease and Social Welfare," published in 1941, and was coauthor of "Hereditary and Environmental Factors in the Causation of Manic-Depressive Psychoses and Dementia Praecox," a volume printed in

1939, besides a large number of scientific papers dealing principally with the application of statistics to etiology, treatment, prognosis and other aspects of the fields of mental disease and mental deficiency. His activities as an editor were wide and were not confined to his scientific specialty. For example, he was editor of the "Albany Citizen" during his period of activity in the Civic League of Albany.

Besides his active membership in the American Association on Mental Deficiency and his honorary membership in the American Psychiatric Association, Dr. Pollock is a member of the American Academy of Political and Social Sciences and the American Association for the Advancement of Science, has been a manager of the American Occupational Therapy Association, is a member of the National Committee for Mental Hygiene and of the International Committee on Mental Hygiene, and is a member of the Medical Council, United States Veterans' Bureau, as well as of Phi Gamma Delta and Sigma Xi fraternities. He served as chairman of the committee on statistics for the International Congress on Mental Hygiene in 1930 and became chairman of a similar committee for the International Committee on Mental Hygiene the following year. He is a fellow of the American Statistical Association and was one of its vice-presidents in 1923, besides his chairmanship of the committee on institutional statistics.

Besides his official position in the New York State Department of Mental Hygiene, Dr. Pollock has also done other important service for his State. In 1930, he won first prize in a contest for development of the State Fair Grounds. He is a member of the New York State Industrial Exhibit Authority and of the State Fair Advisory Board.

In the field of municipal civic service, Dr. Pollock led—while executive secretary of the Civic League of Albany—successful campaigns for the building of a new high school, the employment of a city planner and the reduction of electric rates.

In September, 1895, the year of his graduation from Union College, Horatio Pollock was married to Georgiana Shafer, daughter of Madison and Carolyn Shafer of Cobleskill. They had four children, Katherine Esther, now Mrs. Cassius J. Logan; Robert Shafer; Dorothy Affiah; and Carolyn Mary, now Mrs. A. A. Palermo. Mrs. Pollock died in February, 1937. In 1939, Dr. Pollock was again married, to Mary Culver, daughter of Dr. Charles M. Culver and Jessie Munsell Culver of Delmar. Dr. Pollock is a Unitarian.

In his earlier years, Dr. Pollock found much recreation in athletics, and he still enjoys, baseball and football. Other recreations include bridge, automobile driving, ocean trips and traveling in general. A holiday in Florida was the first item on his plans following his retirement.

FRIENDS AND ASSOCIATES FROM COAST TO COAST PAY TRIBUTE TO DR. POLLOCK

"I understand," says a letter written by Director Harry J. Worthing, M. D., of Pilgrim State Hospital, "that already with the retirement of Dr. Pollock, automatic machines and motors are being installed to take over the work that he has done so well and it just goes to show that it is awfully hard to replace a good man."

Dr. Worthing's letter was read at the dinner in Albany of last December 29 in honor of Horatio M. Pollock, Ph.D., and his pungent comment was characteristic of the numerous tributes to Dr. Pollock as a man, a friend and a scientist, which were expressed by nationally prominent friends and admirers in the fields of psychiatry and mental hygiene, as associates in the Department met to honor him on the eve of his retirement.

Among after-dinner speakers were Miss Hester B. Crutcher, director of social work of the Department of Mental Hygiene; Clarence M. Pierce, secretary; Paul O. Komora, assistant secretary; Newton J. T. Bigelow, M. D., assistant commissioner; and Commissioner Frederick MacCurdy, M. D., who acted as toastmaster.

Speaking in both light and serious vein, Dr. MacCurdy addressed those present as "fellow-psychopaths" and said:

"Here in America most of us are slightly crazy. We are never satisfied to eat in peace. We must have an after-dinner speech, than which there is no greater cause of dyspepsia.

"They tell us that God takes care of children, fools, doctors, widows and others. He certainly looked after our Department when he gave us a "Pollex" (Pollock). Now Mr. "Pollex," your name seems to be derived from the word 'policy.' It also means the radial digit of the hand—the thumb. God gave us a thumb to help grasp things. He looked after our Department, as he knew that we needed a grasp on our subject; information with which to shape policies, so he was good to us and gave us our Pollex."

The Commissioner remarked that it was a surprise to him "how any one could live to be over 70 who started from scratch on a farm and who—after 50 years of hard work without being accused of a senile psychosis—could end up as president of the association for the feeble-minded.

"I am surprised—eternally surprised—that any one with so many degrees should not be temperamental or that after so many years of association with that temperamental stellar animal called the 'psychiatrist' he can still come up with that cherubic smile and retain the disposition that

goes with it. I am surprised, and I need not be, that he got away with publishing THE PSYCHIATRIC QUARTERLY, for it is really a sober publication. I am surprised also that one could be a statistician and also retain a sense of humor. They seldom go together. How he must have laughed up his sleeve at the serious way some of us have taken his statistics."

Addressing the guest of honor, Dr. MacCurdy continued:

"The Department has set apart this evening to do you honor. We bear you salutations, praise and good wishes, respect and affection. . . . You have derived your inspiration from your love of your work and the Department you serve. We return your affection and proclaim you a favorite son. At three score and ten your eye is not dimmed, your step is light and free as in youth.

"Our tribute is to you as a statistician and as an author; but we should not have paid it, had we not revered you as a man. Your life has been a continuous record of service and integrity and sobriety. Your record is one of unswerving and unselfish devotion to your ideals and your convictions.

"This is high praise but this occasion removes all suspicion of flattery, for you are now retiring. You have taught us how to meet our advancing years. With each year you have become more genial, more sympathetic with your fellow-men and have through the youthfulness of your spirit erased any mark that time may have placed upon you. Most of us frankly cannot realize that you are retiring. May we wish you a long-continued life, crowned with health, happiness, and the enjoyment of the rewards your labors in the field of humanity so richly deserve!"

"Life will lose much of its luster in losing you as a companion and friend. Live on, my friend, and may you live to see the structure of which you have helped lay the foundations grow to such proportions in the postwar peace period that you may, on this earth, have positive proof that you have not labored in vain."

The Commissioner presented a watch to Dr. Pollock on behalf of his associates in the Department, saying, "Horatio Milo Pollock, we trust you will forgive our facetiousness, believe our sincerity in presenting this token of esteem from your coworkers. We hope you'll look at our gift and think of us often. We salute you again—a great laborer in the cause of humanity, an inspiration we dislike to lose, but withal now a free man to do as you please. . . . With our love and affection."

Mr. Pierce paid a tribute to Dr. Pollock as a career man. "To me, more than anything else," he declared, "Dr. Pollock represents the career man in governmental service, represents all the best that is implied in that title.

Career men are the basis of good government and are unknown by the public.

"Thoughtful students of political science have said for many years that the most necessary component of good government is a body of capable people chosen by merit and retained by merit, who will devote their working careers to making the machinery of government work efficiently. These men do not often appear in newspaper headlines. Usually they are unknown to the general public. They are known to others holding like positions in governmental services, and they are known by groups interested in their respective specialties. Those who do know them recognize them for what they are, honest, faithful, conscientious public servants.

"Unfortunately, in this country, the possibilities of such service in government exist in only a few places. New York State is one of those places. In the federal government, we see such possibilities in such places as the Department of State where men and women devote their lives to handling the delicate and complicated problems of international relations on which the security of this country depends.

"Now for the effects of such career men on policies. Theoretically, these men do not develop the policies of government. Theoretically, such direction is left to elected representatives of the people who in turn appoint policy-determining officials. But no one can deny that these career men in their day-to-day work modify policies as they change them into practical working practices. Many governmental policies are derived, in actuality, from suggestions of these career people.

"The value of these invaluable servants of the people can be gauged by the fact that without them the machinery of government would cease functioning efficiently. They are the people who make the wheels go around. On their interest, on their industry, on their permanence, rests the stability of government. In fact, they represent the very foundation of governmental operations.

"In reviewing Dr. Pollock's 40 years of State service, I was struck by the monumental contributions he has made to human betterment. The value of these cannot be expressed by mere words. They can be measured only by the progress made by this State in social welfare during that period of time. Literally thousands of people have lived longer, happier and more useful lives because of that progress. What of Dr. Pollock's part in that progress? He was not a great reformer. He was not a great statesman manipulating public opinion for worthwhile ends. Instead, I see him as a great historian, constantly and patiently seeking out the facts and giving them to the planners to serve as a basis for sound social evaluation and planning.

"Dr. Pollock, on behalf of the Department of Mental Hygiene, I wish to express our regrets that you are leaving us. Although this is your official parting, we hope that you will continue to give us the value of your counsel and guidance in the years ahead. May you have many happy years in which to enjoy your retirement."

Miss Crutcher recalled Dr. Pollock's notable studies of boarding-out systems in Europe, in one of which she collaborated with him as a member of a commission appointed for this purpose by the National Committee for Mental Hygiene. She regaled the audience with reminiscences of their visits to family-care centers in Germany.

Dr. Bigelow spoke of the relations between clinical psychiatry and statistical measurements and, recalling Dr. Pollock's favorite story about the relative sanity of statisticians as compared with psychiatrists and other occupational groups, defended his profession and countered that statisticians, like statisties, sometimes needed watching and had to be subjected to the closest scrutiny.

Mr. Komora reviewed briefly the events of Dr. Pollock's career, with special reference to his contributions to the mental hygiene movement, nationally and internationally. He then presented the tributes from a host of correspondents in various parts of the country who were unable to be present at the dinner.

Typical of the farewell expressions in the numerous letters presented at the dinner were those of Secretary John F. Tremaine of the New York State Commission of Correction: "My greetings to him and best wishes for many years of happiness among those of us who have escaped psychiatrists to date."

Of the importance of Dr. Pollock's official work, Executive Secretary Everett S. Elwood of the National Board of Medical Examiners remarked: "He pioneered in statistics of mental disease and as a result developed such a system of records and analysis for New York State that it has long been the model for the country. His studies, reports and published interpretations have been of great value to his State and to other states in planning for the care and treatment of mental patients."

Benjamin Malzberg, Ph.D., senior statistician under Dr. Pollock, expressed the sentiments of workers in the Statistical Bureau in a short speech addressed directly to the guest of honor. Noting that the youngest member of the bureau in respect to tenure had been there 13 years and the oldest 26, Dr. Malzberg remarked that these persons had not spent long years there just to hold jobs which they could undoubtedly have done elsewhere but that they had been animated by personal loyalty. "The members of our bureau," he said, "have always felt that they could go to you not only

with their office problems, but with their personal joys and sorrows. They never failed to derive some helpful stimulus from you. Yes, Dr. Pollock, you know how to practise mental hygiene, as well as how to write about it."

Daniel J. Doran, director of mental hygiene accounts, spoke for the associates of Dr. Pollock who did not serve directly under him. He recalled the early days of chaotic statistics in the Department and the apprehension felt by himself and his friends that a professor of German who had been leading an Albany Civic League crusade against Sunday baseball and gambling was to enter the office. A friendly office baseball pool went underground, he remembered, until the World Series came and it was discovered that the new statistician was a baseball fan himself. Recalling as a "real pleasure . . . the years we have been together," Mr. Doran said, "may we all come to the point of our departure from the Department as gracefully as has Dr. Pollock."

A telegram from Adolf Meyer, M. D., expressed appreciation of Dr. Pollock's "outstanding and lasting contribution to psychiatry, not only New York State psychiatry but world-wide." One from Director Harry C. Storrs, M.D., of Letchworth Village, spoke in behalf of "that host of friends throughout the world who came to know you and respect you for your unfailing interest in everything associated with the care and welfare of the mentally deficient." T. A. Oliver, president of the New York State Industrial Exhibit Authority, wired regret that "our State has lost a valuable employee" and added that he himself should miss his council and advice as a member of the Exhibit Authority. Assistant Commissioner H. Beckett Lang, M. B., absent on duty with the navy, telegraphed his expression of the feeling that Dr. Pollock's "long years of devoted service to the State of New York and to mental hygiene merit the highest commendation." Medical Superintendent Clarence O. Cheney, M. D., of the New York Hospital—Westchester Division wired his appreciation of the "privilege of knowing Dr. Pollock these many years, of working with him, and having the benefit of his advice and help." And from General Director C. M. Hincks of the National Committee of Mental Hygiene of Canada came a telegram of tribute to "Dr. Pollock with a deep sense of his signal contributions to psychiatry and mental hygiene. In the field of mental hospital statistics, he was our great pioneer, and he ranks among our leading psychiatric statesmen."

Raymond G. Fuller, research assistant of the Ohio Institute, wrote that what had meant the most to him in contact with Dr. Pollock was the "relationship of friend." Director Earle V. Gray, M. D., of Gowanda State Homeopathic Hospital mentioned the "exceptional quality" of Dr. Pollock's services to the State; Director August E. Witzel, M. D., of Newark State School, expressed his admiration of him, not only as "an outstanding statis-

tician but for being the fine man that you are;" Frederick D. Bidwell of Albany, wrote to give expression to how Dr. Pollock would be "missed by so many" of his old friends.

It remained for former Director W. W. Wright of Marey to point out how Dr. Pollock had "made statistics live issues out of what are ordinarily cold and lifeless figures" as well as to recall that the guest of honor had put his technical knowledge to use in fields outside the Department. "No one can estimate better than he," wrote Dr. Wright, "the outcome of a baseball game or a horse race. I recall vividly the great shock which I received when I discovered the learned doctor leading a group of truant superintendents from a temple of learning to an exciting baseball game."

Tribute to Dr. Pollock's statistics was paid by Medical Director George S. Stevenson, M. D., of the National Committee for Mental Hygiene: "We all know what empty and misleading twaddle has been indulged in by institutions and agencies in statistical reports, unguided by sound knowledge of the meaning of number. Links that have been forged by man have been given more certain value—forgeries to be sure—when accumulated into reports. Pollock, on the other hand, has seen number as no more exact than the person who created it. He has dealt with it as embodying all of the pluses and minuses that have gone into its being, and his conclusions have been clarified accordingly. Being realistic, his work has been dependable and a sound guide for those who look upon statistical reports as something more than gesture."

Frank L. Tolman, director of the division of adult education and library extension of the State Education Department recalled that he had known Dr. Pollock in "his first historic rôle—that of militant crusader for civic justice. He stood on the bridge—like that other Horatio, and battled strongly for reform against impossible odds." Director David M. Schneider of the bureau of research and statistics of the Department of Social Welfare, paid formal tribute to the guest of honor for having "given generously of his time and counsel to the professional problems of his colleagues in other departments of the State government." B. R. Rickards of the Department of Health wrote: "To have been able to associate with a man of his caliber has been an inspiration."

Remarking that Dr. Pollock had been "much more than a statistician," Executive Director Stanley P. Davies of the Community Service Society of New York, said, "He is the kind of statistician we need more of, with the human touch and the philosophical grasp of one who sees statistics in the perspective of the whole and as an instrument in the rendering of service." Franklin B. Kirkbride, president of the Letchworth Village Board of Visitors, expressed appreciation of Dr. Pollock as an editor, friendly critic,

wise adviser and cherished friend. Commissioner William J. Ellis of the State of New Jersey Department of Institutions and Agencies praised Dr. Pollock as "able to make statistics significant and meaningful," and added that he was the kind of man any administrator would be happy to have associated with him. Emil Frankel, director of the division of statistics and research of the same New Jersey department, paid a tribute as a colleague in the field of statistics, saying, "The reports of state mental hygiene and welfare departments give eloquent testimony of the value of the statistical material which has been gathered on the basis of the standard system which came into being through his stimulus and guidance."

From another state, John R. Ross, M. D., superintendent of the State Hospital for Mental Diseases at Howard, R. I., and former superintendent of Hudson River State Hospital, sent personal regards and best wishes and an invitation for the retiring statistician to "come to Rhode Island, as life over here begins after one passes his sixtieth birthday."

"No one contributed more or perhaps as much to the statistical study of mental illness," wrote William L. Russell, M. D., after a lifetime of eminence in psychiatry and mental hygiene. Richard H. Hutchings, M. D., editor of *THE PSYCHIATRIC QUARTERLY*, and former superintendent of Utica State Hospital, recalled that after only a few years of Dr. Pollock's work, New York mental hospital statistics "became recognized widely as the most reliable source of such information available." Samuel W. Hamilton, M. D., of the United States Public Health Service, called Dr. Pollock "the greatest statistician of them all." James V. May, M. D., formerly of the New York State hospital system and former commissioner of mental diseases of Massachusetts, wrote that the tremendous work done by the American Psychiatric Association and the National Committee for Mental Hygiene a quarter of a century ago in formulating a standard nomenclature of mental diseases and promoting a uniform system of statistical recording and reporting was "practically all" done by Dr. Pollock.

Directors David Corcoran, M. D., of Central Islip State Hospital, Arthur E. Soper, M. D., of Kings Park, R. E. Blaisdell, M. D., of Rockland, John L. Van de Mark, M. D., of Rochester and Sidney W. Bisgrove, M. D., of Syracuse State School, wrote tributes, Dr. Van de Mark noting that besides his statistical knowledge of mental cases, it would be worth while to ask Dr. Pollock "about the horses," and Dr. Blaisdell commenting on the erudition and gentle nature which had earned him "great respect and lasting friendships."

William T. Shanahan, M. D., former superintendent of Craig Colony, Acting Director Wirt C. Groom, M. D., of Hudson River State Hospital, Director James P. Kelleher of Rome State School, George Aubrey Hastings

of New York City, Miss Helen A. Cobb of Poughkeepsie, Glenn J. Doolittle, M. D., of Craig Colony, Superintendent V. C. Branham of the Woodbourne Institution for Defective Delinquents, and Howard W. Potter, M. D., of New York City, were among others to send greetings and best wishes. Dr. Potter, in particular, noted Dr. Pollock's "combination of forcefulness tempered by forebearance" and his "sensitiveness to the other fellow's point of view."

From Pennsylvania, came best wishes expressed by Director William C. Sandy, M. D., of that commonwealth's Bureau of Mental Health. "It is difficult," wrote Dr. Sandy, "to envision statistics about mental patients in New York State (or indeed elsewhere) without Dr. Pollock as the directing head and consultant."

Director Willis E. Merriman, M. D., of Utica State Hospital, carried his tribute to Dr. Pollock back to undergraduate days. "Our friend Horatio was first known to me," he wrote, "when I was a freshman at Union College for in the fall of my first year there he was a senior and on the football team, and, as I recall, played end. As nearly as I can remember, no opponent ever got around his end, or, if he did, the ball was, politely as consistent with the need, removed from the enemy's hands."

C. Stanley Raymond, M. D., president of the American Association on Mental Deficiency, paid respects to Dr. Pollock as that association's immediate past president, and he expressed the hope that he would "continue to give us his sound advice and guidance for many years to come." Edward J. Humphreys, M. D., editor of "The American Journal of Mental Deficiency," also sent a message appreciative of Dr. Pollock's services in that field, as did Neil A. Dayton, M. D., past president of the American Association on Mental Deficiency.

Other messages from former or present officers of the Department were from former Commissioners Frederick W. Parsons, M. D., and William J. Tiffany, M. D., former Superintendents George W. T. Mills, M. D., of Creedmoor State Hospital, and Robert Woodman, M. D., of Middletown, former Chief Medical Inspector Philip Smith, M. D., and Directors Christopher Fletcher, M. D., of Buffalo, Clarence H. Bellinger, M. D., of Brooklyn, John A. Pritchard, M. D., of St. Lawrence, Harry A. LaBurt, M. D., of Creedmoor, John H. Travis, M. D., of Manhattan, Hugh S. Gregory, M. D., of Binghamton, Walter A. Schmitz, M. D., of Middletown, Kenneth Keill, M. D., of Willard, Harry A. Steckel, M. D., of Syracuse Psychopathic, and Raymond G. Wearne, M. D., of Wassaic State School.

Among other friends to express best wishes or offer congratulations on the completion of a distinguished official career were John C. Guffin of Voorheesville, Mrs. Enid Beaupre of Forest Hills, Harold P. Winchester of Al-

bany, W. F. McDonough, representing the Association of State Civil Service Employees, Edith M. Furbush of New York, who was formerly associated with Dr. Pollock on the National Committee for Mental Hygiene, and Miss Alice H. Gilligan of Albany.

Former President William S. Morgan of the Pacific Unitarian School for the Ministry, wrote Dr. Pollock from Berkeley, Calif. Superintendent Arthur H. Ruggles, M. D., of Butler Hospital, Providence, R. I., complimented the guest of honor on his "many distinguished contributions not only in the field of statistics but in the field of family care." Perhaps it is fitting to close on a note recalling one of Dr. Pollock's earlier important services, the reorganization of the statistical system of Illinois 24 years ago. "I am sure I speak for the entire Department of Public Welfare of the State of Illinois," wrote Warren G. Murray, M. D., superintendent of Dixon State Hospital, "when I say we are extremely grateful to you for the many valuable services that you have rendered to this commonwealth . . . We admire you as a gentleman of noble and unselfish character . . . I want to take this opportunity to wish you good health and happiness in the future which you so justly deserve."

It should be recorded that the dinner was much enlivened by the singing to the tune of "Pistol Packin' Mama" of verses written in Dr. Pollock's honor by Director Earle V. Gray of Gowanda and Mrs. Gray.

"His ready hand, his subtle smile—

"A source of inspiration—

"Have helped us all o'er damned hard spots

"And saved us much vexation."

And since it seems impractical to reproduce the entire song, it may be well to note also that, despite the tune, there was no reference whatever to any such figure as "Pencil Packin' Pollock," something which should go down as a model of restraint for future generations.

NEUROPSYCHIATRIC PROBLEMS AT AN ARMED FORCES INDUCTION STATION

BY MAJOR HAROLD A. POOLER, M. C., A. U. S.

Many articles have been printed in various medical journals relative to the methods of conducting neuropsychiatric examinations at army induction stations. These articles have been read and reread by all who have been interested, and it is fairly well agreed as to how such examinations should be made. However, each neuropsychiatrist at an induction station has his own problems in adjustment to situations which prevent the use of the ideal type of examination. It is for this reason only that the writer will describe, briefly, his own method and his problems connected with such examinations. This paper pertains, particularly, to the writer's observations and interpretations of the emotional problems and symptoms expressed by selectees and the various types of neuropsychiatric cases seen at the Armed Forces Induction Station, Fort Bragg, N. C.

THE PROBLEM OF TIME FOR EXAMINATION

Since April 10, 1942, the writer has examined many thousands of selectees. This number seems fantastic unless one realizes that during the first few months the writer was the only neuropsychiatrist. Since then there have been additional examiners; but, in spite of the increase in numbers, there are too few even now. At present, the average time allowed for each psychiatric examination is five minutes if each psychiatrist works constantly nine hours each day. This amount of work is, of course, impossible, since one must have periods of rest; and there are bound to be delays because the groups of selectees do not move at a regular pace through the station. Therefore, as the reader can easily surmise, the actual psychiatric examination is very brief. However, statistics show that rapid diagnoses and rapid decisions can be made with good results by properly trained neuropsychiatrists. Also, the question is not how many psychiatrists are needed but how many are available to do the work.

During such rapid examinations, it is only possible to ask a few pertinent questions such as: "How do you feel?" "Have you ever had any serious sicknesses or accidents?" "Have you had any head trouble?" "Have you ever had any fits or convulsions?" "Have you ever had any nervous troubles or nervous breakdowns?" These key questions will usually bring out answers which require investigation and elaboration; and, often, it is necessary to have the selectee return at a more convenient time for a more complete analysis of his case. One must assume that approximately 85 per

cent of all selectees examined will be within normal psychiatric limits. This leaves about 15 per cent for whom a psychiatric work-up will be required. Of these, 12 per cent will have conditions which are easily diagnosed, leaving only about three out of each 100 selectees who require a thorough case analysis. Many readers will argue that the writer's methods and the writer's analysis of the situation form a half-hearted attempt at rationalization but, with a shortage of psychiatrists, short-cut methods have become necessary.

There is still some disagreement as to just what type of psychiatric examination is necessary in order to evaluate correctly a selectee's mental condition. Basically, however, what is the function of the neuropsychiatrist at the Induction Station? It is to decide whether the selectee is properly equipped mentally to become an efficient soldier. It is to decide specifically whether the selectee shall be accepted or shall be rejected because of a mental condition. The time required to make such a decision surely cannot be positively stated. The normal persons require little time; the definitely abnormal more time; the borderline the most time.

It is not necessary to have a complete work-up of each case, that is, a family history, a childhood history, an adult history, an occupational history, a social history and a sex history. It is not necessary for the neuropsychiatrist to know the psychological reasons or the causes for the selectee's emotional problems. The selectee is not being prepared for psychotherapy. He is being seen only for disposition, that is, rejection or acceptance on the basis of manifest symptoms. Nothing else need be decided by the neuropsychiatrist at the induction station.

The diagnosis given in each case is of secondary importance. However, for future statistical purposes, an honest attempt should be made to classify the mental condition correctly. This is not difficult, since each psychiatrist knows the cardinal symptoms or syndromes which characterize each specific diagnosis. The syndromes or psychiatric patterns are obtained fairly quickly in examination by the trained psychiatrist who has acquired an efficient method of questioning.

THE ADOPTION OF A BIOGRAPHICAL DATA BLANK

As the number of psychiatrists at the Armed Forces Induction Station, Fort Bragg, N. C., increased from one to three, it was possible to give to each selectee a more thorough psychiatric examination. In addition, with the help and guidance of Col. William C. Menninger, M. C., a "Biographical Data Blank" which has been very helpful in each case analysis was developed. Chart I is a copy of the type of blank used.

CHART I

BIOGRAPHICAL DATA BLANK

INSTRUCTIONS: Answer the following questions and place check mark in parenthesis.

NAME AGE

EDUCATIONAL HISTORY:

How far did you go in school? Grade () Years in College ()

At what age did you quit school?

Why did you quit school?

Did you make a grade each year? Yes () No ()

OCCUPATIONAL HISTORY:

What work do you do?

Do you change jobs frequently? Yes () No ()

Do you desire to enter the military service? Yes () No ()

Why? (if you do not desire)

FAMILY HISTORY:

Has anyone in your family had (check only those present in family)

() Tuberculosis	() Nervous breakdown
() Diabetes	() Insanity
() Heart Disease	() Alcoholism
() Cancer	() Severe headaches
() Syphilis	() Suicide
() Epilepsy	() Others, what?

PERSONAL HISTORY:

Did you ever have (check only those you have ever had)

() Nervous spells	() Vomiting spells
() Insane spells	() Stomach trouble
() Weak and trembling spells	() Severe headaches
() Rapid heart or palpitation	() Paralyzed legs or arms
() Stuttering or stammering	() Fractured skull or head injury
() Walking in your sleep	() Asthma
() Bed wetting or wetting clothes	() Syphilis
() Fits or falling out spells	

Were you ever in a hospital for a nervous or a mental disease? Yes () No ()

SOCIAL HISTORY:

Are you single () Married () Divorced () Widowed () Separated ()?

Do you like to be with people () or rather be by yourself ()?

Are people against you and trying to do you harm? Yes () No ()

Do you get mad easily?

Do you use dope?

Do you hear voices when no one is around?

How much do you drink?

How many times have you been arrested?

For what have you been arrested?

This type of biographical data blank is not yet as efficient as it might be. It is prepared in this manner, since, due to an insufficient number of enlisted men to aid the examiner, it is necessary to have each selectee himself complete the blank, unless he is an illiterate—in which case an enlisted man is designated to question him and complete his blank. In spite of these difficulties or handicaps, this type of history gives a fairly good cross-section of a selectee's family, personal, social and occupational life, especially those portions which are valuable in the estimation of his potentialities for becoming an efficient soldier. It is, of course, a one-sided history, since it emanates from the selectee himself and not from relatives, friends or employers. It is of value only for the immediate examination and will be of no future value.

Therefore, it is for this reason that the writer believes it would be well worth while if a clear-cut uniform neuropsychiatric examination sheet could be prepared, containing space suitable for a clear summary of the neuropsychiatric defects of each selectee and if this could be attached to the inductee's records so that it might be referred to if the man failed to adjust himself to army life and had to have some type of discharge and so that it might be referred to at the end of the war at the time of his discharge. However, the writer asks this question: "Where is that record going to be when the man is to be discharged?" If it is not available when the inductee is considered for discharge, it will be of no value except statistically, or unless some legal problem arises. It would serve its greatest purpose if provisions could be made for it to accompany the inductee's company records wherever he might go and where it would be immediately available for review by his commanding officer and by the medical officer.

METHOD OF EXAMINATION AND INTERPRETATION OF RESULTS

In the method used by the writer, the psychiatrist is located at the end of the "production line" or, better, preceding the final checking desk. This gives an advantage to the psychiatrist, since he is able to visualize the selectee physically by reviewing the physical examination work sheet and also visualize him psychologically by his behavior, by his history and by interview. Each psychiatrist now has a medium-sized room in which to make his examination. Thereby, he is able to note the selectee's mannerisms, his gait and station, atrophies and deformities as he enters and leaves the room. If abnormalities are noted and if the selectee gives a history of some neurological condition, a complete neurological examination is made. Otherwise, only a few neurological tests such as knee and ankle reflexes, abdominal reflexes and the Babinski reaction are done. In the writer's experience, it has been necessary to do a complete neurological examination in from 2 per

cent to 5 per cent of selectees. This does not mean that there were few or no neurological problems but that most—under the examination system prevailing at time of writing—had been eliminated by the doctors of local examining boards.

The psychiatric examination begins as the selectee enters the room. Psychologically, his reaction to examination is important. The way he enters the room, the way he greets one, the way he hands one the examination blank, the way he sits in the chair, his reactions to questions, his affect, his volubility are all important to the psychiatrist. Observations of these points stimulate the psychiatrist's intuition and serve to point out those factors requiring elaboration and concentration.

A friendly question such as "How do you feel?" seems to open the interview very satisfactorily. The selectee is then asked questions relative to age, occupation, residence, etc. While asking these questions, a review is made of the various records accompanying him, that is, his "Report of Physical Examination and Induction" (DSS Form No. 221), his physical examination work sheet, and the blank recording scores made by him in the various intelligence tests given by the pre-induction classification section at the station. Specific questions are then directed relative to important items and symptoms checked by the selectee on his biographical data blank.

The educational history section of the biographical data blank is now not as important as it was before the pre-induction classification section was organized, but it does give to the examiner valuable information for the final analysis of the selectee as a whole. At present, the pre-induction classification section disqualifies most of the low-grade mental defectives through its battery of intelligence tests. However, the writer has found it necessary to disqualify, as mental defectives, some of the selectees who have made low yet acceptable scores in those tests. This was done, not only because the writer found such individuals to have low mental ages, but also because of their general mental equipment.

At present, the army psychologist considers as acceptable all those illiterate selectees with scores of 36 or better in the Visual Classification Test (VC 1a). The writer has found that the scores made in this test do not parallel scores made by the Kent Emergency Test (E-G-Y), that is, a selectee with a score in the Visual Classification Test of 36 may have a mental age, according to the Kent test, of anywhere from eight to 11 years. This was shown to be true in 150 cases tested by the writer. No satisfactory answer has been found in explanation of this discrepancy, but the question has arisen as to which test score, that of the pre-induction classification section, or that of the Kent test, is to be relied upon in making a decision relative to mental deficiency.

No doubt any psychologist of the modern school would be willing to maintain a heated argument with the psychiatrist who insists that one must judge intelligence by the mental age. For this reason, it is desirable that someone make a study of the correlation between the two schools of thought. It has been stated that the army considers that a person with a mental age of less than 10 and one-half years is not an individual suited to become a soldier. The pre-induction classification section operates on the basis that a person with a score of 36 or above in the Visual Classification Test will become a soldier. However, mental age and the V. C. T. scoring are not always parallel. Which is to be the deciding factor? The writer does not want to argue and is willing to accept any satisfactory and logical explanation.

At any rate, the problem of what to do with the mentally low-grade person is ever present. The public objects strenuously, because the defectives go back home while the normals have to obey the gods of war. Many morons, so-called, are trainable and might make fairly efficient soldiers, especially the high-grade morons, but the armed forces have not the time to educate individuals of that type, and the army is not a corrective institution as some, even judges, might think. However, the high-grade moron with an extroverted, friendly personality, without sex deviations, without instability and without paranoid feelings is trainable, has the potentialities for becoming a fair soldier, and should have a trial. Others should be rejected, since they are able to make good adjustments in their communities and will be of more value as farmers and laborers than as soldiers.

The question, "Do you desire to enter military service?" has brought out many interesting discussions. Most often the question is answered in the affirmative. This would seem to be the answer expected from the normal patriotic person, but it does not always express the selectee's real feelings in the matter. Many have stated that they feared to answer the question otherwise since they might be called "slackers" and since they had no specific reasons for giving negative answers. In these cases, the psychiatrist must not look unkindly upon the average negative answer. Here is, however, an opportunity for the psychiatrist to use a little psychotherapy by discussing problems and rationalizing situations for the selectee who, according to a review of his records, is going to be inducted into the armed forces, one might say, against his will. Basically, the psychiatrically important negative answers are those qualified in this manner, "If I'm physically able," "If I can pass." This type of response always demands close attention by the neuropsychiatrist.

The writer has been told by a few selectees that they had had feelings that they did not want to enter the armed forces and had had, on starting

for Fort Bragg, hopes that they would fail to pass the physical examinations; but that their attitudes had changed as soon as they began to enjoy the association of other selectees as they passed through the induction station. This is the feeling of the average American. It is the spirit of good fellowship. As a result, there are really very few malingeringers or "gold-brickers." Of these malingeringers, there are really two types, namely, those who do not want to get into the army and those who do want to get into the army. The latter type is just as important as the former, since the man who professes, boisterously, fine health, fine spirit, elated patriotism, may be malingering and is just as psychopathic as the man who simulates ill health, since, "all that glitters is not gold." Generally, there is something wrong with any man who malingers. Cases of feigned illness to avoid military service or to get out of the military service have been known, but the average normal person usually says, "I wouldn't mind getting out of the army but I wouldn't disgrace my self-respect to do such faking. I would lose confidence in myself. I would feel that my instinctive drives were abnormal. I would feel immature in character." Malingeringers cannot be really normal persons.

Under the personal history of the biographical data blank, the symptoms listed for checking are by no means the only ones which could be noted, but they have seemed to be the important ones from the writer's outlook. They are only directives, and each checked symptom has to be elaborated upon by the examiner. In doing this, it is advisable and sometimes necessary to use many synonyms, colloquialisms, "talk their language," "call a spade a spade," since very often the examinee fails to understand words used in the history form.

A frequent symptom complained about is "ulcerated stomach." The selectee apparently gets this diagnosis from some doctor who has failed to explain thoroughly such a diagnosis, or he gets it by word of mouth from a friend. It is rare to find a selectee who gives anything like an ulcer history. He usually tells of having abdominal discomfort, a swelling of his stomach, discomfort on eating meat, or he may say "My stomach gets all tore up. Things I eat pass right through me. Throbbing like a toothache right here (pointing to the navel)." Most of these symptoms are psychosomatic complaints and strongly suggest a psychoneurotic condition.

In referring to the cardio-vascular system the selectee speaks of heart trouble, "bad heart," "weak and faintified spells," "high blood." He is referring to pains over the heart area, palpitation, and dizzy feelings. Occasionally one finds that the individual does have organic heart disease and/or hypertension but, as a general rule, the young man with a real heart lesion has no complaints referable to the heart. Many with the complaints

cited show a complete picture of neurocirculatory asthenia with palpitation, pain under or at the left nipple, fainting attacks, excessively exhausted feelings, cold clammy hands and feet, and mottled-appearing skin.

While on the subject of the cardiovascular system, the writer calls attention to the much greater incidence of cardiovascular disease in the negro than in the white selectees, and also the greater incidence of severe peripheral arteriosclerosis in the young negro—although it is surprising to find this condition rather frequently in the white group. The white male with arteriosclerosis usually looks older than his age and more "washed out." Peripheral arteriosclerosis is also frequently seen associated with a history of severe cerebral concussion. The writer has made this observation in mental hospitals where one gets a history of elderly persons who seem to have been very well and have seemed to be in good health until they received a head injury with the result that, in a few months, they showed forgetfulness, confusion, mental deterioration with a rapid decline in physical health and a generalized severe arteriosclerosis.

"Asthma" is a frequent symptom, found equally in both the negro and the white males. Often, rales are found in the chest, and a diagnosis of asthma is made; but often "asthma" means pressure symptoms in the chest, particularly at night when the patient goes to bed. He becomes anxious, feels that he cannot get his breath and fears he is going to die. Thus, "asthma" becomes a neurotic symptom rather than a disease entity.

"Back trouble" can be a symptom of real back injury or disease but it may be a symptom of hypochondriasis. It may be expressed as "kidney trouble" for, to many, a pain in the back means kidney trouble, since so many advertisements for patent medicines stress this symptom. However, there are times when the selectee is referring to enuresis.

True cases of enuresis may be overlooked if that symptom of "kidney trouble" is not analyzed. It is common practice for some physicians to treat enuresis as a separate, distinct entity. Actually, it is a symptom rarely found alone and is rarely caused by a specific physical defect. It may be caused by a constitutional inadequacy accompanying a low grade of mentality, but it may be a symptom associated with some psychoneurosis or with the inadequate personality of a constitutional psychopathic state. In addition, one should not forget that enuresis can occur during a mild seizure at night. The selectee may not know that he has these mild seizures during sleep. If questioned specifically, he will often give a history of convulsions in early life and admit that enuresis occurs at fairly regular intervals.

It is as difficult to obtain a history of convulsions as it is to obtain facts about alcoholism. The selectee must be specifically questioned, "Do you now or have you ever had convulsions, fits, falling-out spells or fainting

spells?" If the examiner gets any hints from such a question, he should demand a description of these spells. The real epileptic with grand mal attacks will give at least a few of the specific symptoms. If the selectee claims that he had fits when young but that he has had no spells for five to 10 years, the writer questions him relative to severe periodic headaches, periodic vomiting, periodic attacks of assaultiveness, periodic confused periods, and periodic occurrence of enuresis nocturna. These may be substitutes for, or equivalents of, the grand mal seizures. The negro says that they come on at the change of the moon. Occasionally, the examinee describes a history of short periods of amnesia, of fainting, of falling off his wagon or horse or mule, or of running into something with his car and not realizing it, or of periodic mannerisms such as closing his eyelids for brief moments, all of which are found in the petit mal type of epilepsy.

The writer has been surprised by the large numbers of examinees who admit sleep-walking or somnambulism. However, each individual is required to explain what he means. Those replies stating that the person gets up, goes to the bathroom and returns to bed without being conscious of this are not to be considered as indications of anything serious. However, if he walks about the house, tries to get out of doors or really goes out, he should be rejected. More such cases are found in the negro than in the white race. To many neuropsychiatrists, somnambulism appears unimportant, but it is an indication of a dissociation of the personality; and, if the individual were on active combat duty, many types of complications might arise as a result of such a dissociation.

In the social history of the biographical data blank, an attempt is made to learn something about the selectee's personality and character. Along with other questions, he is asked, "How much do you drink?" instead of "Do you drink much?" since the word much is interpreted differently by the chronic aleoholic than by other persons. In the early days of induction, work, many chronic aleoholics were seen, but rarely does the writer see one now, perhaps because younger men are being called for induction. The absence of ankle reflexes often means that the examinee is a chronic aleoholic who has had a severe peripheral neuritis.

The reader will note that there are no questions in the social history relative to sexual life or habits. This would be a very important item if one wished to learn the causes of the symptoms expressed; but it is unimportant in diagnosis for rejection. Furthermore, statements made openly by the selectee would be unreliable. The average individual who believes he is normal and who is not seeking treatment for his conflicts feels that his sex activities should not be public information. Occasionally, it has been necessary to discuss sex with a selectee. The frank homosexual, realizing his

problem and realizing the difficulties which would arise in the army, will approach the subject himself. An examiner should not loosely label a selectee as a sexual psychopath because he has "fairy-like" behavior and speech. Such stigmatization is extremely unkind and more often incorrect.

DIAGNOSTIC CATEGORIES ENCOUNTERED

The most frequent types of psychoneuroses seen at the Armed Forces Induction Station, Fort Bragg, N. C., are anxiety states, hysteria, neurocirculatory asthenia, hypochondriasis, anxiety neurosis, and reactive depression, while cases of anxiety hysteria, neurasthenia, and compulsion or obsession neurosis are very few. The writer has seen only a very small number of persons who give a history of "insanity" or of a serious "nervous breakdown." It is uncommon to see a selectee who states that he has been a patient in a hospital where nervous and mental diseases are treated. It is also uncommon to see a selectee with a real full-blown psychosis. It is possible that such cases were known by the local draft board physicians and had not been sent to the induction station. However, one may see many cases which are early or borderline schizophrenias. It is not wise to use the term dementia praecox or schizophrenia in diagnosing questionable cases, because of the effect upon the selectee—who often sees his diagnosis—and because of the effect on his future reception by possible employers and by his townspeople who, in some cases, somehow, find out why a selectee was "turned down," and sometimes refuse to employ him. The writer does not hesitate to make the diagnosis of dementia praecox or schizophrenia in positive cases.

The diagnosis of constitutional psychopathic state (the official army term for psychopathic personality) is made frequently. The writer uses the following subdivisions: inadequate personality, periods of emotional instability, alcoholism, enuresis, drug addiction and sexual aberration. To make such a diagnosis, the neuropsychiatrist really needs a social history of the selectee's past; but such histories are, unfortunately, not available because of a lack of social worker personnel. However, an earnest effort is made not to use the diagnosis as a "scrap basket" for questionable cases; a definite history of psychopathic traits is required before it is used. Each neuropsychiatrist has his own interpretation of the syndromes diagnostic of constitutional psychopathic state. One realizes this when one studies statistics tabulated in the various medical journals. These tables show a predominance of constitutional psychopathic state as a reason for disqualification of selectees. The writer has failed to note that predominance.

The psychoneurotic with psychopathic traits should not, technically, be diagnosed constitutional psychopathic state. The writer thinks that fewer

such diagnoses will be made if one remembers the basic principles in differential diagnosis. The psychoneurotic and the constitutional psychopath may have the same conflicts but they react differently to these conflicts. The former expresses his conflicts in the form of subjective symptoms while the latter expresses his conflicts in behavior. The constitutional psychopath is not the type of person who will be able to adjust, for any length of time, to army life. He has his good days but also many bad days when he is unruly, undependable, and of no value in an emergency. He is the trouble-maker, the renegade. If time is spent in examination, it will be found that his past history shows maladjustments, emotional instability, arrests and a tendency to believe that the world owes him a living. The writer is always suspicious of the selectee who, on entering the examination room, briskly throws his examination papers on the desk, flops in the chair, says "Hello, Doc," and is bubbling over with friendliness and "sirs." This is not the reaction of the average or the normal selectee who is a bit bewildered and quite sober until he gains the friendliness of the examiner.

DISCUSSION

In conclusion, the writer is happy to report that the neuropsychiatrist at the Armed Forces Induction Station, Fort Bragg, N. C., now has his proper rôle in the selection of men for the army, the navy, the marine corps and the coast guard. This is true, not only at Fort Bragg, but also at most induction stations. The psychiatrist's opinion has gradually gained more weight since attention has been called to the fact that individuals with specific emotional illnesses will, sooner or later, fail to make adjustment to military service. This fact has not been questioned since so many neuropsychiatric casualties have appeared in the various theaters of war. However, it is regrettable that the experiences of the first World War were not sufficient evidence to warrant the rejection of the potentially neuropsychiatric casualties at the beginning of induction through the Selective Service System. At present, an honest effort is being made to correct the mistakes which were made at the beginning, and the results should be different than those following the last war and should speak for themselves when statistics are accumulated after this war.

The writer believes that all neuropsychiatrists at induction stations will agree that the pre-induction classification sections at those stations are very important and that they should have been organized much earlier than they were. It is not expected that the psychologist and the psychiatrist will always agree, but unity of purpose and cooperation will usually be found.

The writer is of the opinion that the trained neuropsychiatrist is qualified to make fairly rapid examinations and analyses of the emotional prob-

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lems of selectees as they pass through the induction stations, since he is not preparing each selectee for psychotherapy and since his chief function is to decide whether a selectee shall be rejected on the basis of symptoms of maladjustment.

The writer has stated that the diagnosis or classification given to each disqualifying mental illness is of secondary importance. This is true; but, if future statistics are to be of any value, a specific diagnosis must be made. For this reason, some standardization of the mental syndromes should be made so that each neuropsychiatrist will have specific directions to follow and so that, for example, a psychoneurotic will not be called a constitutional psychopath.

All criticisms made here are expressed in good faith. The writer prefers to believe them constructive criticisms. They are ideas which he considers important and which might help to make the psychiatrist's rôle more efficient. The writer does not want to leave the impression that he believes that his method of examination of selectees is the correct one or the most efficient method, but he has wanted to record his observations and express some of his opinions. However, he is not an opinionated person, that is, one who has been defined as "a small rotund island of complacency anchored in a sea of prejudice."

Armed Forces Induction Station
Fort Bragg, N. C.

CARE OF THE ELDERLY IN STATE HOSPITALS*

BY LESLIE A. OSBORN, M. B.

For many years, the proportion of the elderly in the population of State hospitals has been increasing, and there is every reason to expect this trend will continue. The admissions for senile and arteriosclerotic psychoses to Willard State Hospital for a recent year exceeded those of 20 years ago by more than 50 per cent.

This trend reflects what may be termed a "shift to the right" in the general population. This has been related to a declining birth rate, to the practical elimination of certain infectious diseases and the control of others, and to decreased immigration. Whereas in 1850, persons over 65 represented 2.6 per cent of the total population; in 1940, the figure had risen to 5.4 per cent. Since the country's population has increased greatly, it is apparent that there has been a marked relative and absolute increase in the number of the elderly. In this age group there are now over seven million persons in the United States.

Mental hospitals, then, are finding their work among the old an ever-increasing responsibility. Continued-treatment cases survive longer, in addition to the increase in new admissions. Families still try to care for psychotic elderly relatives at home, but more and more are being hospitalized earlier in recognition of what can be accomplished by more adequate treatment.

The human life span is the duration of life under optimum conditions. The progress made in medical and social science has enabled more persons to live out a greater part of that span, but the span itself has not been affected. Authentic cases of persons living much beyond 100 years are rare. Though more and more individuals are going to reach old age, death will claim them ultimately. Much can be done to make these latter years of life healthy and happy and to postpone the onset of morbid changes.

The increase, then, is not in the human life span, but in the average expectation of life. While figures from the past are not very reliable, it is calculated that the expectation of life is now about three times that computed for early civilizations. Then, a way of life sufficient to carry on to the 30's or 40's was sufficient for most persons, and there was a premium on old age. The principal medical problems were those of the epidemics of infections, of infant and maternal mortality, of food supply.

*This paper was written while Dr. Osborn was on the staff of Willard State Hospital, Willard, N. Y.

By 1850, the expectation of life had reached about 40. In 1900, it was 50; and since then, 10 more years have been added. The figures for women are consistently higher. In a study of centenarians, women were found to outnumber men by three to one.

The medical implications of this change are an increased importance and frequency of degenerative conditions and of new growths, with need for special application of our understanding of disease processes as they are modified by old age changes.

The psychiatric implications are more than those problems met within the mental institutions. Lives need to be planned to cover a longer existence. There is clear indication for mental hygiene activity in helping people grow old gracefully and retire wisely. Those who retain their fitness into very advanced years are seen to be of calm disposition and not prone to worry. Active persons often age slowly, so the process is not a matter of wearing out. Rusting out is much more to be avoided. Functional activity—mental and bodily—plays an important part in postponing the advent of morbid old age. Those who in their prime lead lives with restricted interests only in their work are frequently observed to go into rapid declines when retirement time comes. Planning all-around reductions of activities, with development of outside hobbies and interests, is much wiser. The effect of the present rate of living is another matter. As Willius puts it, it is related to the "artificial and deceitful stands of a presumably necessary order of society." It is common to see marked improvement in an old person on removal from a complex—"catastrophic"—situation to one that is simpler; and simplification of life is currently a need of many besides the elderly.

As part of the human life cycle, the stage of maturity is followed by one in which there is a decrease in the functional capacity of the entire organism, along with atrophic and sclerotic changes in the parenchymal tissues. These changes are not necessarily uniform in all tissues, nor are they the direct result of the passage of a specified number of years. What their exact cause appears uncertain, but in some degree they occur in all who live long enough. This condition is termed senescence. It is gradual and is compatible with useful, happy, well-adjusted living. As in childhood, there is a low level of tolerance, as for infections and accidents. Unlike childhood, there is a low regenerative power; and tissue responses are not those expected in youth or maturity. Only by recognition of this important principle, will diseases in the old be properly understood and effectively treated. The aim of treatment is to restore the state healthy for senescence. To be used to best advantage, the years of decline should be recognized as a biological phase for which the individual is to be adapted rather than a condition to be fought or ignored.

With the passage of time, the character pattern tends to become less pliable, with accentuation of whatever qualities it has had before. Skill, tact and patience are needed in the care of the elderly at any time. They usually have their own ways; their ideas are rather set; and their management should conform to these as far as possible.

The term senility may well be used, in some distinction from senescence, to indicate the more morbid changes frequently found in the aged. Metchnikoff long ago postulated that the changes found in the tissues of old persons were the results of diseases and toxins previously acting on them. There are in all the organs of the body, and in the body as a unit, reserves that in early life easily meet not only ordinary but extra calls on them. Only about one-fifth of the glomeruli of the kidney are in action at one time, and the heart of a trained athlete can step up its output as much as 22 times. It is only to be expected that traumata, infections, toxins, excessive functional demands, endocrine disorders and emotional influences will in time contribute to a lessening of reserve capacity. This is true of internal functions or physiology, and it is true of the functions of the organism as a whole. Psychiatry today is alive to the importance of the somatic factors in mental illnesses. The behavior of the senile or arteriosclerotic patient is that of his personality as modified by his organic reaction. There is much to offer in modern medicine in the improvement in that physical factor, and it is known that such improvement leads often to striking amelioration of the psychiatric symptoms. The onset of senile changes may become apparent rather rapidly following a physical illness, particularly if convalescence is inadequate. While brilliant results from the removal of foci of infection are often lacking after 50, efforts to bring physical health to its best level are still rewarded by the results obtained.

The possibilities of treatment throw a heavy responsibility on the reception service of the mental hospital. If relatives are told "Well, we will take care of him, but there is not much to hope for at his age," they will accept this view, lose interest and not plan for the future. If they are told that, in the hospital, treatment will be directed to the patient's improvement, and that the prospects of return to the community in improved health are reasonably good, their attitude will be one of cooperation, interest, and readiness to continue to cooperate when the patient is ready to leave the hospital. If the physician has no more interest than differentiating between an arteriosclerotic and senile psychosis, he may overlook differential diagnoses of immediate importance. Thus the reaction may be on the basis of a prostatic obstruction; the physical examination form until recently in use did not include a place for the rectal examination, although the new one calls for examination of the prostate. There may be an acute hallucinatory or deliri-

ous reaction related to a pneumonia, which in the aged may have symptomatology of slight character and be quite unlike that of earlier years. A severe but treatable macrocytic anemia may be present. Sedatives—always poorly tolerated by the elderly—may have been used injudiciously so that a bromide intoxication underlies much of the symptomatology. Like anemia, poor circulation may deprive brain cells of needed oxygen and lead to a reaction that clears as adequate measures are directed to the basic condition. Thus, while interest is less spontaneous in the elderly patient admitted in a confused state than in a productive and intelligent schizophrenic whose mental mechanisms can be followed in detail, there is often greater success to be had with the former. With careful study and sound treatment, many of these patients can be returned to the community within a few months. With social service work to follow up the physicians' contacts with relatives, these patients can often return to their homes on a sounder basis without disrupting them. Social and economic factors are important in these patients. In listing diagnoses by economic status in New York State, it is found that the seniles and arteriosclerotics are at the bottom of the list—the incidence being greatest in those of poorest economic levels. The importance of lack of security and a feeling of uselessness is great. This factor is one that gives a clear lead in management. The family care program is a fine substitute where patients' own homes are lacking to receive them.

The continued treatment service for the old and infirm constitutes about one-fifth of the State hospital load. It has many problems not significant in other services. For example, falls that would scarcely bruise a young person often result in serious fractures. Outbreaks of colds are always serious. Climbing of stairs in some cases is unavoidable, although this is better eliminated from the old person's routine—especially from the cardiac patient's. Restless and agitated patients are hard to manage on large wards, yet small wards for their separate treatment are not available. If sedatives are used, they are apt to be poorly tolerated, and, with impaired elimination, cumulative effects are met which may not be recognized as such. Drugs such as digitalis have this same tendency to be toxic in average adult dosage. Methods of treatment described for the aged in general may be quite inapplicable because of the mental condition. When with increasing infirmity the gait becomes tottering, the important decision has to be made as to keeping the patient up at the risk of a fractured femur or putting him to bed with the risks of resigned depression, hypostatic congestion and pressure sores. At all times, the decision as to ambulatory or bed treatment is momentous; the whole outcome may depend on it. Individual attention, which involves sympathetic listening to trifling complaints, is difficult to provide where so many must be cared for. Yet often this has marked reassurance

value. Then there is the onerous and difficult problem of the care of the permanently bed-ridden.

From these many, the writer has selected four outstanding practical problems for discussion of their management.

Diet. Well-nourished animals live about 10 per cent longer than those on the border-line of nutrition. The present generation of old people reaches back to days before vitamins, calories and refrigerators. Old people have their long-established habits and do not change willingly. We have to deal with both the effects of preexisting malnutrition and the problems of adequate feeding in hospital. There are budgetary and administrative problems involved which will not be disposed of simply. First is the establishment of the dietetic requirements.

Fuel requirements are not high. There is decreased activity, and except in acute illness not much tissue replacement is necessary. A gradual loss of 10 pounds is usual after the age of 60. The person who is a little under average weight throughout his life has a greater life expectancy than the overweight. Light eating is commendable if the food taken in is properly selected.

Protein intake is important. Tissue loss, anemia and nutritional edema may follow unwise restriction. There is no need for old people to be afraid of food. Protein is best taken in the form of dairy products, lean meats and fish. Generally speaking, old people do not take enough milk. Fortified milk drinks are valuable, as they flavor the milk pleasantly, give its value plus needed vitamin fortification. Fresh fruits and vegetables—especially leafy vegetables—are valuable, but are not easy to provide in adequate amount. Breads and cereals should be in moderation, and sweets and fried foods are best omitted. Hospital diets tend to be overloaded on the carbohydrate side.

Mineral metabolism calls for adequate calcium intake and avoidance of undue salt restriction.

We are too close to the discovery of vitamins to be able to estimate their importance accurately. While it appears that classical gross vitamin deficiencies are infrequent, it is commonly held that borderline lack is the rule rather than the exception. Until accurate clinical tests are available, much of this opinion will remain speculative and vague. The water-soluble vitamins are poorly stored, and their shortage is likely to be felt first. Thiamine chloride and other parts of the B complex, available for oral or parenteral use, are reported to be of remarkable value in some cases. Acute illnesses and any prolonged lack of adequate intake or assimilation indicate the use of vitamins in addition to those available in the diet. Vitamin C is often lacking; tomato juice is a very good and inexpensive source not sufficiently

utilized. The possible rôle of Vitamin K in the prevention of hemorrhages should be considered in the prophylaxis of apoplexy. The best source of vitamins is the diet. Fresh fruits and uncooked vegetables, milk and butter, whole grain cereals, lean fresh meats may be supplemented by fish oils and yeast concentrates.

Even though the diet offered be ideal, problems exist in that the patient may have poor appetite, may through illness be unable to take the diet, or may for mental reasons refuse food. Not only does this question refer to depressed patients, but loss of food memories may make the meal meaningless to the patient. Muscle atony not only is a factor in the loss of appetite, but may lead to such weakness that spoon-feeding is required. Lack of teeth may prevent mastication, and unless meat is ground and vegetables are pureed, they may be refused without the patient expressing why he rejects them. There is need of appetizers to stimulate sensory impressions of which the acuity has been diminished, and pleasant preparation and attractive serving are factors one is inclined to overlook in feeding large groups.

Gastric discomfort is an exceedingly common complaint. It may be related to conditions other than digestive—cardiac, renal or hematologic—and is far commoner than is serious gastro-intestinal pathology. Achlorhydria is reported in about one-third of such cases. Other digestive juices are reduced more or less, and diabetes is common in mild form.

Elimination is a constant problem, with fecal impaction not uncommon and constipation very frequent. "Joining the regulars" is of value, but seldom is roughage needed for this purpose; rather, it should be reduced. Regularity of habit may sometimes be reestablished by finding a likely hour, then for three or four days giving enemas at this hour with the aid of exercise and diet and massage of weakened abdominal muscles. Neglect of response will at any age lead to reduction of awareness of the need for evacuation. Mineral oil, agar emulsions and vegetable laxatives are of value in addition. For some patients, the regular administration of a saline laxative is valuable.

Skin. Diminution in the capillary bed and loss of elasticity render the skin liable to injury and easy breakdown. There is often a lack of inflammatory reaction. Sealiness and extreme dryness are often found.

Senile pruritis is a distressing complaint often resistant to treatment. Olive oil, or olive oil and lime water in equal parts; lanolin with the addition of one-quarter to one-half per cent phenol may be used locally. Avoidance of soap and wool, and a bland, high-vitamin diet are advised. Becker recommends intravenous sodium bromide, 10 per cent solution, 20 to 50 cc. three times a week. The prevention and treatment of bed sores is of great significance on infirmary wards. The avoidance of confining patients to bed when-

ever possible is the first consideration. A high-vitamin diet is essential. Too frequent bathing is not advisable, and strong soaps are harmful. Oil rubs are preferable to alcohol. The draw sheet needs to be tight and free of crumbs. Laundering methods sometimes have to be checked. Keeping the skin dry is often very difficult in the incontinent. The sawdust bed was used with success at Letchworth Village.

When the skin breaks down, rubber inflated rings and quartz lamp treatments with ointments containing cod liver oil, such as cod liver oil and urea, are to be advised. The use of elastic adhesive as an occlusive dressing has its advocates.

Myotic infection of the feet often serves as a portal of entry for secondary infection in limbs with impaired circulation. Phlebitis, cellulitis and some cases of gangrene may originate thus. Prophylactic measures should be taken in all institutions where common bath and shower rooms are in use. Until this precaution is taken, these conditions will continue to appear. Foot inspections and persistent treatment of myotic lesions will do much to prevent them.

Fracture of the Femur. Rarefaction of the bones is found with age, and the strong bony trabeculae that give strength to the upper end of the femur tend to be absorbed. Fracture of the femoral neck is not only common, but is a very serious problem because of its high mortality and morbidity and the difficulties attending its treatment. Prevention is better than cure here. The use of wheel chairs for the unsteady, avoidance of polished floors and small rugs, immediate mopping up of spilled water, keeping of disturbed and aggressive patients off aged persons' wards; and provision of sufficient attendants to assist patients, especially at night, are measures to reduce the incidence.

There have been 100 fractures of the neck of the femur at Willard State Hospital in a period of five and one-half years—about one every three weeks. Only 10 of the patients involved were under 55; and only three such fractures occurred in patients under 40. Twenty-eight patients were between 60 and 70, 38 between 70 and 80, and 16 were over 80. The oldest was 96. There were 60 women and 40 men. In 89 of these cases, "conservative" treatment was used in the prevalent belief that such patients' conditions do not warrant more active measures. Double or single spicas were applied in 11 cases. Of these 100 patients, 64 are dead; and 49 died within four months of their accidents. Of the 36 still living, 16 are bed cases, two need walking aids, two have been discharged, and 16 are getting about the wards. In addition to the care of these on infirmary wards, there are five additional patients in bed for hip fractures occurring more than five years ago.

Until 1871, traction over the end of the bed with sand-bags was the best treatment available. Hodgen then introduced the splint that is still known by his name, with improved results. Later came the use of plaster of Paris and the double and single spica. With such methods among non-psychotics there is usually about a 40 per cent mortality. Union is hard to obtain in these fractures. The blood supply is limited; the periosteum shows no osteogenic activity and callus forms within the neck only. A sharp piece of bone may penetrate the capsule and prevent apposition, or a piece of synovial membrane may come between the fragments. Immobilization of the upper fragment is difficult.

Impaction is a fortunate occurrence, and care should be exercised not to overlook the fracture and so lose the impaction. Some fractures cause but little pain; the careful protection of the suspected limb until an X-ray has been taken is very important. Calcium and cod liver oil should be administered, and physical therapy is of even greater value than in fractures in the young. Pneumonia, heart failure and decubitus ulcers are outstanding complications.

Such figures certainly call for consideration of methods of treatment. The use of spinal anesthesia and metal pins—flanged nails—makes possible, by open operative treatment, accurate reduction. The fragments are impacted before closing. Splints and casts are not necessary. A wheel chair may be used on the second day, and physical therapy can be instituted then. When walking is resumed, a chair can be pushed in front then crutches used, then a cane. The patient realizes that plans do not call for bed rest for three to five months—or for life. The method has its failures, its complications and its mortality. Still, successes are reported in 44 per cent of cases, and the mortality is less than we have been able to show with therapy based on "avoidance of risks to life."

Cardiovascular Diseases. It is an old saying that a man is as old as his arteries. The mortality and morbidity from arteriosclerosis make this disease one of the leading challenges to medicine today. There are a few points that can be made here. The two greatest burdens to the cardiac case are overweight and the climbing of stairs. These should be avoided, along with any exertion which is unduly strenuous or is known to produce symptoms such as angina. Rest after meals is of great value, though sometimes causing anguish to supervisors' souls. The usual practice of old persons is to wake early, be most active early in the day, and to make up needed sleep by "eat-naps" during the day. In heart cases, this procedure is still more to be desired. In more severe cases, compensation and diuresis are aided by keeping the patient in bed one day a week, making him comfortable for the remaining six. Attention to the bowels is indicated; relief of constipation

will sometimes eliminate extrasystoles. Heavy eating is always to be discouraged. If symptoms referable to the heart occur after meals, more frequent and smaller meals should be given. Study of the renal function is always helpful in management. The Mosenthal test is easily carried out on the wards, and it provides accurate clues to the working condition of the kidneys. If there is a renal factor in cardiac let-down, direct treatment of the latter alone will not suffice.

The circulatory failures of cardiac origin usually remove their victims before they reach old age. The cardiac cases of the aged are predominantly due to arteriosclerotic changes where the changes are primarily vascular. Coronary disease is exceedingly frequent; some say it is present in most individuals in some degree by 50. Its relation to causes of death is statistically clear. The purine derivatives such as aminophylline are of more value in coronary cases than the nitrite group; though, for immediate relief, nitro-glycerine under the tongue is valuable in anginal pain. In the acute emergency of coronary attacks, papaverine is by some regarded as superior to morphine, and is used along with atropine and intramuscular aminophylline.

Auricular fibrillation is common in arteriosclerotic heart disease. Unlike that of rheumatic and thyroid hearts, it tends to be a slow fibrillation. Caution should be exercised in the use of digitalis except in the presence of actual heart failure; and quinidine to restore normal rhythm is very risky if there is a poor myocardium.

In cases with hypertension, there is, as time passes, a tendency, demonstrated by Ashe, for the blood count to indicate whether they are heading for a cardiac, renal or cerebral termination. The three principal causes of death in hypertension are: cardiac failure (myocardial fibrosis, 44 per cent, coronary sclerosis, 16 per cent), cerebral accidents (19 per cent) and kidney failure (9 per cent). A plethoric count is found in the cases likely to suffer vascular thromboses, both red cells and hemoglobin being above normal. These patients often have complaints of dizziness and fullness in the head; in them venesection is of value in the prophylaxis of cerebral thrombosis. It also gives relief to these symptoms, sometimes for as long as three months.

The cases that develop cardiac failure are indicated by an anemia of hemoglobin only. The red cell count is not lowered because the peripheral stasis in the blood sampled makes it higher than is present in arterial blood. This type of blood count indicates the need for cardiac support.

In hypertension with renal failure, there is progressive anemia as the function falls. Both the red cell count and the hemoglobin fall—the chlorotic type of count. A time comes when this anemia cannot be controlled

by diet and medication. In such cases, the use of transfusions sufficient to bring the count up gives marked relief which may persist up to a year.

The blood count then has prognostic value; in early cases, it is normal; but, as it begins to change, it indicates the direction in which danger lies and so enables the physician to institute preventive measures.

CONCLUSION

The subject of geriatrics is receiving a great deal of attention from all branches of medicine. The internist and the psychiatrist have much to offer each other in this field; nowhere is the error of considering mind and body as separate entities more clearly exemplified. The psychiatrist can help the patient adjust to his remaining assets instead of bemoaning those he has lost, and the discoveries of general medicine applied to psychiatric problems are making conditions previously regarded as inevitable come into the preventable and treatable group. State hospitals have long passed the day when they had little to offer the elderly patient beyond custodial care.

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A BOARD OF VISITORS TAKES ITSELF SERIOUSLY*

BY MRS. FRANK M. WHITEHALL

Our Commissioner feels that during my long years of service with the State hospitals, somehow, or somewhere, I must have had experiences that might be of benefit to those of you who still carry on the work.

I feel honored at the confidence he reposes in my ability to add to your knowledge, and trust I may be able to justify his belief in my powers.

I am really obliged to go back—so far that many of you will probably think that I belong to the ranks of those who, passing in, two by two, to seek for safety, finally rested upon Mt. Ararat. But it is the only way I can demonstrate to you the tremendous strides that have been made by the New York State hospitals during the last 30 years.

I found myself on my first day of service at the Brooklyn State Hospital in front of a tall, many-storied, imposing-looking building which had for many years been the almshouse of the city. It had been taken over by the State, and alterations made to fit it for its future use. Two very steep flights of steps led up to a central doorway. I hesitated at the climb and finally turned to the lower door leading into the basement quarters. "What is this part of the building used for?" I asked. "This is where we dine," was the reply. I was interested. The floor was laid with timbers at least 12 inches wide. In the long years, these had parted company so that broad spaces, one-half to three-quarters of an inch wide, showed between them. The dust and droppings of years had entirely filled these yawning gaps with a sort of sponge-like material, which—as the floors were brushed and swabbed every day—proved a magnificent absorbent for all excess moisture.

Suspended from the ceiling, were all the pipes that supplied the steam heat that was sent to all parts of the building. When these were doing the work for which they were intended, the stench arising from the floors could not, I believe, be exceeded in the Chicago stockyards! I gasped, choked, and fled up the stairs, worn by the tread of many feet, to the upper hall, where our meeting was to be held. Dine in such an atmosphere? I think I would have starved to death rather than touch a morsel of food. "Poor wretches!" I thought, "Is this what is meant by State care?" I was converted then and there, into a driving force that has led us on to better and better accomplishments.

I found a splendid corps of workers awaiting my coming. There was a board of visitors of so fine a character that it proved conclusively that

*Address at the Quarterly Conference of the New York State Department of Mental Hygiene, New York, N. Y., December 15, 1943.

Brooklyn was on its toes to give the State the best talent that lay in its power of selection. As constituted, we possessed: (1) A federal judge whose philanthropies and deep interest in the under-privileged, were widely known; (2) Our legal luminary, the dean of the Brooklyn bar, whose name appeared upon the board of directors of every federated charity and Jewish hospital in the city; (3) A widely-known engineer and builder who later became commissioner of buildings of the city; (4) An authority of the real estate world, whose social, political and charitable contacts would give us a broad knowledge of the community interests; (5) A bank president of wide repute; (6) The wife of a noted physician who at that time controlled one of the finest hospitals in the city. Through the years, as some of these passed on to other civic work, men and women of equal distinction were selected to fill their places.

I learned then how true the statement is, that if you wish work done and well done, seek out the busiest men you know to perform the task; work with them is a kind of religion.

Though we obeyed the law by visiting as a body at least once a month in order to investigate conditions, I am sure that we all, more or less, concentrated on the work for a new building to replace one which we knew to be thoroughly inadequate. To that end we begged, pleaded, coaxed, cajoled and "commanded," month after month, year after year; but, alas, in spite of the efforts of the Mental Hygiene Department, the Legislature yearly turned thumbs down on our request. New building seemed anathema to the Legislature. Money, we were granted to have our faces lifted or to buy paint enough to cover the defacing marks of old age. Nothing but elbow grease and slavish toil was left to accomplish miracles.

Although we made our monthly inspections in a body as required by law, perhaps we had concentrated too much upon one aspect of our work. About 25 years ago, we received complaints in communications from our Brooklyn citizens that to us seemed startling. We were more than shocked. If these charges were true, there must be something radically wrong, either with our powers of observation or with our method of procedure. We took ourselves seriously to task. A meeting was called at the office of our president, Hugo Hirsh, then the dean of the Brooklyn bar. We decided unanimously that visiting in a body as heretofore practised, was definitely out; that all future visits were to be made individually, at unexpected times, and unheralded, in order that an exhaustive and searching investigation might be made and findings reported.

Suffice to say that evidence accumulated rapidly, and the charges were proved to the hilt. The board took prompt, if heroic and drastic action, and the situation was immediately remedied. This was done without the

slightest publicity, for we believed then, as we do now, that any action taken that tends to destroy the confidence of the public in the ability of the State to care properly for its dependents, is an action to be deplored.

Today, we still follow the plans as then devised. Our board is divided into various committees, our president making special use of the talents each individual possesses for the realm of his responsibility, as follows: (1) Care and treatment of patients and inspection of wards; (2) Food supplies and inspection of kitchens; (3) Building and repairs, including heating, lighting and fuel supplies; (4) Revisions and disallowances by the Department of Mental Hygiene.

Each member visits all parts of the hospital to bring out particularly the points for which he or she is held responsible. All records are placed at our disposal, and the most generous cooperation is accorded by the superintendent. The findings are then brought to the monthly meeting. There they are freely and thoroughly discussed and embodied in our minutes. The minutes are promptly forwarded to the Governor and the Commissioner of Mental Hygiene. We thus feel that as representatives of the Governor, we are keeping him in direct touch with the institution for which he holds us personally responsible.

We know that with these thorough investigations, no spot of the institution is unknown to any one of us. We became an integral part of the working force of the institution. Our visits are welcomed; nurses and attendants alike look for our approval, even revealing the many little subterfuges resorted to, in order to present an unblemished front. Where adverse criticism is made, a quiet adjournment to the superintendent's office frequently irons out the difficulties and leaves no rancor behind.

I know of no system that could be instituted that would give a greater grasp of the affairs of the hospital to the board of visitors than it now possesses, provided the board is properly organized and its affairs conducted in a business-like manner, particularly—and upon this I lay great stress—if the inspection is made by the individual and not by the group.

When I spoke of subterfuge in order to offer a presentable front, I, of course, referred to our early struggles in the out-worn and out-moded building we occupied all during the early years of my service. Indeed, I believe we were entitled to have an honor letter flying from our masthead in recognition of remarkable attainment.

Suddenly a light blazed over the horizon. Governor Alfred E. Smith appealed to the electorate of the State for a bond issue, the money to be devoted to new buildings for the Mental Hygiene Department. Every hospital employee, every member of the boards of visitors, with their innumer-

able friends, went all-out to bring in the vote. The State Charities Aid Association, with its valiant leader and spokesman, Homer Folks, performed heroic work in our behalf and when the die was cast and the vote counted, the citizens had risen in their might and the bond issue was a "*fait accompli.*"

Since that time expansion has been so rapid and so intelligently planned that today we stand in the foremost rank of hospitalization for the mentally sick.

Whenever we ask for the purchase of land, our members specially selected for their knowledge in this province of our labors make a careful survey of the neighborhood, obtain estimates and options where possible, and then appear before the higher powers with facts and figures—not just hazy dreams or impossible demands. For close to 30 years, we have been pleading for the purchase of a plot of ground adjoining our own property. Hope springs eternal in the human breast; perhaps now is the acceptable time; we are still hoping, as the over crowding is excessive and the need for expansion daily grows more urgent.

My long years of experience have made me an enthusiast for the establishment of a school for nurses in every State hospital. Where can you find a more splendid corps of workers? Youth, with its lilt and its laughter, its dreams and its ambitions—all the students absolutely devoted to the calling they have chosen for their life's work; eager and anxious to succeed; losing no opportunity to gather from their instructors all that experience has to offer them—not temporary employees, but employees for the duration of their nurses' training course. Nurses with a sincere and deep appreciation of their responsibilities, trained in our own hospitals, are better qualified to care for our mentally sick than nurses trained in the general hospitals, whose knowledge along our lines is woefully deficient. I believe that the standard of care in Brooklyn State Hospital is greatly improved, because we possess the largest school of nursing in any State institution. Our placidity under the present troubled conditions is, to my mind, primarily due to that fact. This school means increased care and responsibility for our superintendent, more planning, adjusting, housing and general supervision, but I believe the returns to him and to the institution he guards are simply immeasurable.

What have you done to advance this type of work? I urge you to make a close study of the gains to be made for your own institution if progress along these lines is indicated. The entire atmosphere of the hospital is changed. Our patients feel the change in the young world surrounding them. Hope is one of the inspiring attributes of youth; it is reflected in everything they

do; it is breathed into every patient with whom they come in contact. It secures magnificent returns. Our patients awake to realize it is a living, breathing joyous life that surrounds them, and their hours of brooding vanish like evil dreams.

Another phase of hospital work that deserves special attention is "shock" therapy—which is advancing with such rapid strides. Come with me to the dining room of a group just completing the treatment. The room is alive with good cheer. Joy unconfined is evident on all sides. The adverse hand of fate has been pushed aside, and the greatest gift that can be conferred upon any one in life—the gift of power to adjust oneself—is now possessed by this young group. These young people, soon to leave our care, are ready to take up the world's work with their fellow workers, on equal grounds. No longer will they be set aside as creatures of whims and fancies. Filled with ambition and zeal, they are now ready to strive for the rewards of toil and application. They are guarded and shielded by our social service workers in their adjustments to their new world, the wind being tempered to the shorn lamb. Our patients realize that an understanding heart and a wise counselor are beside them to solve their problems, and they venture forth into the new struggle, with confidence.

The social worker's service is invaluable, and as our numbers on parole grow steadily, the need for this splendid service becomes more and more apparent. We hope that our Commissioner is giving this matter thoughtful consideration. Have you watched the progress of this type of work and gloried in its success? Have you compared your paroles with those of other State hospitals? Today I view our numbers set free (1,135 on parole) with awe and overwhelming delight. The Temporary Commission on State Hospital Problems recently completed a followup study of the first 1,145 dementia praecox patients treated with insulin shock therapy at the Brooklyn State Hospital, from January 1, 1937 to June 30, 1943. This study showed that 79 per cent of those so treated, were able to leave the hospital and that more than 58 per cent of these were still functioning at a good level of usefulness in the community. Don't you think we have reason to rejoice?

Our duties are manifold. Not only must we see that the institution is in apple-pie order, but we must know that it is keeping step with progress. Unless we constantly use comparison in order to ascertain this, we may fail to notice that we are losing pace and falling out of formation. We should be up in front with the pilots charting the direction.

Truly, State care has reached a peak that is awe-inspiring and gives promise of a still more splendid future.

I am indeed grateful that my years of service have been spent with men of vision who sowed the seeds of our present prosperity—men to whom work was a religion, and the perfect performance of that work an abiding faith.

Board of Visitors
Brooklyn State Hospital
Brooklyn, N. Y.

BOARDS OF VISITORS CAN BE WORTH WHILE*

BY FRANKLIN B. KIRKBRIDE

I have been summoned to appear before you, stick out my neck and talk about our jobs.

I am reminded of an incident which happened to the Rev. Dr. Parkhurst. He was asked by a reporter¹ to give his views on a collection of statements concerning God by a group of Columbia University students. He answered that he was more interested to know what God thought of the Columbia students, than what they thought about God.

Wouldn't this be a snappy meeting if our former Commissioner of Mental Hygiene, Governor Dewey, Commissioner MacCurdy, Archie Dawson, Dr. Parnall and the directors of the State hospitals and schools were to tell what they really, deep down in their hearts, think about us?

You remember the two rabbits in a London blackout and how the first rabbit said, "I'm afraid." To which the second rabbit replied, "So am I. What shall we do?" And the first rabbit answered, "Let's stay here till we outnumber them."

Isn't our greatest strength the fact that we visitors do outnumber them? Governor Odell discovered that fact long ago, and it proved his Waterloo.

To illustrate the other extreme let me tell you one more story.

Shortly after Woodrow Wilson appointed Bainbridge Colby as Secretary of State to succeed Mr. Lansing, a Wall Street lawyer said to Mr. Colby's law partner, Mr. Quinn, "I did not know your partner was a diplomat." Mr. Quinn replied, "The President didn't want a diplomat, he wanted a door mat."

We visitors have so little legal authority that I have sometimes imagined our friends at Albany thought we were just glorified door mats into which were woven the words "God Bless Our Home" and that the chief reason for our existence was just to be stepped on.

I am here not to preach, but to report facts and raise questions. Let us start with the Department of Mental Hygiene "Red Book." I imagine few of us sleep with it under our pillows. I know I don't. But I can find my way around, through its labyrinth of information, just enough to have avoided jail successfully—up to the present time.

The "Red Book" contains a mass of facts and figures which every visitor must be familiar with, or know how to find as necessity arises.

*Address at the Quarterly Conference of the Department of Mental Hygiene, New York, N. Y., December 15, 1943.

The members of the boards of visitors are particularly concerned with the sections of the Mental Hygiene Law dealing with their duties and responsibilities.

While, as has just been said, the boards have little legal authority they can perform a very real service and do act as liaison officers among the institutions, the public and the supervisory authorities.

Commissioner Parsons tolerated the boards of visitors and on the surface showed an amused indifference to them. On his periodical visits to Letchworth Village, he encouraged their absence, so that he might devote his entire time and thought to the problems put before him by the superintendent and steward and so that he could make his inspections in company with the superintendent. Commissioner Tiffany was insistent on the board of visitors being in attendance during his visits to discuss the budget; and he went over the figures in detail with the members of the board. Both commissioners were always cooperative to the fullest possible extent.

Letchworth Village has been fortunate in having a conscientious board of visitors. In all its history, but one trouble-maker has been included in its membership. That single incident had its value and forced a realization of what the board should do and what it should not be. With that one exception politics has never been injected into the board.

At this time it is well to review the provisions of the sections of the Mental Hygiene Law having to do with the duties and responsibilities of the boards of visitors.

Each hospital and school in the Department of Mental Hygiene is required to have a board of visitors to consist of seven members. Not less than two members of the board of visitors of any State hospital shall be women. The terms of office are seven years, one expiring at the end of each calendar year. Appointment to fill a vacancy is for the balance of the unexpired term. (Section 30.)

The members of the boards of visitors are appointed by the Governor, by and with the advice and consent of the Senate. Members of the boards may continue in office until their successors are appointed and have qualified. They are subject to removal by the Governor, following notification and opportunity to be heard. If an institution has a district, its visitors shall reside in the district. No elective State officer or member of the Legislature is eligible. If any member fails to attend regular meetings for six months, the secretary shall notify the Governor and transmit any explanation which may be submitted by such visitor. In January, annually, the secretary shall transmit to the Governor a statement showing the record of attendance of the members of the board, number and dates of visits to the institution, with a statement of any other work done for the institution

which the visitor may request to have so transmitted. The annual report is supposed to contain this information. (Section 31.)

Boards of visitors have the powers and duties expressly conferred on them by the Mental Hygiene Law and such other powers and duties, not inconsistent with law, as may be prescribed by rules of the commissioner. The members receive no compensation for services, but are reimbursed for necessary traveling and other expenses. In October of each year, each board elects a president and secretary. The superintendent is required to submit at each monthly meeting a report showing changes in population; health of patients, officers and employees; accidents, suicides, unusual sickness, infectious diseases; important occurrences and such other matters as the board may specify.

It is laid down in Section 32, Article III, of the Mental Hygiene Law that each board shall :

1. *Subject to such rules, take care of the general interests of the institution and see that its design is carried into effect.*

Does this saddle us with responsibilities we are without legal power to enforce? Is our lack of authority such that administration is no concern of ours? Should this provision be stricken from the law? Should our duties be confined alone to visitation and inspection? Or should the State hospitals and schools be more nearly autonomous?

Remember the historical development of the Department of Mental Hygiene. We have gone all the way from independent self-governing institutions to a system of centralized control administered by the Commissioner, which is subject however to the jurisdiction of other departments in regard to many phases of administration.

I have personally never been bothered by "legal" power or lack of it. If the law is ambiguous, if there is a "twilight zone" here which can be misunderstood, the language ought to be clarified. Never forget, however, that judicious omission is better than correct superfluity.

2. *Maintain an effective inspection of the institution, for which purpose the board or a majority of its members shall visit and inspect the institution at least once each month. Each board shall make a written report to the department and to the governor within ten days after each inspection, such report to be signed by each member making the inspection. Such report shall state in detail the condition of the institution and of its inmates, and such other matters pertaining to the management and affairs thereof as in the opinion of the board should be brought to the attention of the department or the governor, and may contain recommendations as to needed improvement in the institution, or in its management.*

Is not "effective inspection," cooperation with and support of the director our most important function?

3. *Keep . . . a full record of their doings, which shall be open at all times to . . . inspection, etc.*

4. *Hold regular meetings at least once each month, and cause to be type-written within ten days after each such meeting the minutes and proceedings . . . and cause a copy thereof to be sent forthwith to each member of such board, to the department and to the governor.*

5. *Enter in a book kept at the institution . . . the date of each visit of each visitor.*

The commission which selected the site of Letchworth Village provided a guest book which has become a priceless heirloom. We have been derelict in not keeping, until recently, such a book. It might be better if we were required to punch a time clock.

6. *Make to the department, in the month following the end of the fiscal year, a detailed report of the results of their visits and inspections with suitable suggestions and such other matters as may be required of them by the commissioner. . . . Such report shall be prepared by a committee of the board, subject to the approval of the board.*

7. *Investigate, hear and ascertain the truth of all charges made against the superintendent and the institution . . . [etc.] and make its recommendations . . . to the authority having the power to discharge or remove.* The resident officers are required to give to the visitors complete access to the institution and its records, etc., and to furnish copies of reports, etc., whenever required by them.

Is it a proper function for the boards of visitors to hear such charges, or may it not more properly be the duty of the Commissioner? Would you approve striking out this provision of the Mental Hygiene Law?

8. *No member of a board of visitors . . . shall have a financial interest, directly or indirectly, in the purchase or use of supplies or equipment for, nor in the care and treatment of a patient or inmate. . . .*

The remaining sections of Article III of the Mental Hygiene Law contain various references to the boards of visitors, including:

A requirement that the Commissioner shall notify the board before appointing a superintendent and give the board opportunity to submit objections, etc. (Section 33.)

A specification of the relation of the board to charges against the superintendent. (Section 33.)

A requirement that the superintendent shall transmit, within five days after discharge of an officer or employee, information to the department and the president of the board of visitors. (Section 34.)

A requirement that the superintendent's annual report shall be included in the annual report of the board of visitors. (Section 34.)

A provision of authority for a board to send one or more of its members to the Quarterly Conferences. (Section 35.)

A provision that no civil action shall be brought against a visitor, in his personal capacity, for failures, etc., in official duties without leave of a supreme court judge. A visitor is not liable for damages if acting in good faith, etc. Any just claim against a visitor shall be brought in the court of claims as a claim against the State. (Section 44.)

A requirement that the commissioner submit plans and specifications for construction, alterations, etc., to the board of visitors concerned for opinions and suggestions. (Section 48.)

Transfers of superintendents can be made by the commissioner subject to the approval of the boards of visitors of the institutions affected.

The foregoing synopsis outlines in a general way the duties and responsibilities of members of the boards of visitors. But merely living up to legal requirements is not enough. The spirit in which the visitor approaches his task is even more important. A director and his assistants should always be conscious of the fact that the wholehearted support of the board of visitors, can be counted on through thick and thin. An interested group of intelligent well-informed citizens, organized into a board of visitors can be a bulwark of strength in times of stress and crisis. The visitors, can, however, very easily become rubber stamps or positive detriments to efficient administration.

The value of the boards of visitors has, with few exceptions, been great and the people of New York owe the members of the boards a debt of gratitude for loyal and generous devotion to their respective institutions.

Mrs. E. Henry Harriman, for years a member of the Letchworth Village board, was a notable example of the generous and effective public-spirited citizen. She created, and for a number of years supported, the research department at Letchworth Village and was responsible for bringing about its inclusion in the State service. Each member of every board has an equal opportunity.

I once saw over a hotel desk in Denver, Colorado, a sign which read "Honor thy father and thy mother, but not strangers' checks."

We sometimes forget that, in a representative democracy where a two-party system prevails, change is normal. Yet the tendency is to regard changes as "strangers' cheeks," for deviation from established practice is hardly ever comfortable. Take, for instance, the Feld-Hamilton Law. I dare say a majority of the staffs of our institutions would today declare it a "stranger's cheek," which has bounced back viciously.

I don't mean to advocate the position of the wavering politician who said, "Well, anyhow them's my views, and if you don't like them they can be changed." But I do urge that the barnacles of the past which have retarded progress be scraped off, that initiative be encouraged, that the pioneering spirit be kept alive, that the hands of the commissioner and directors, be upheld in their efforts to make the institutions of the State Department of Mental Hygiene preeminent. It is not our legal authority that matters. It is the spirit in which we approach our tasks which counts.

Board of Visitors
Letchworth Village
Thiells, N. Y.

WILLIAM J. TIFFANY; AN APPRECIATION*

BY HARRY J. WORTHING, M. D.

When one has served the great State of New York faithfully and conscientiously for more than 37 years, it is fitting that his fellow-workers pay their respects and take cognizance of his accomplishments. So it is that today, this busy conference lays aside its deliberations for a brief period that we may do honor to Dr. William J. Tiffany.

Dr. Tiffany was born in Groton, Tompkins County, N. Y., July 29, 1882. He attended the public schools at Groton and Richford and completed high school at Newark Valley, N. Y., in 1900. His course in medicine was taken at the College of Physicians and Surgeons of Columbia University where he was graduated in June, 1905. He interned at St. Joseph's General Hospital, Paterson, N. J. His services with New York State began with his appointment as medical interne at Binghamton State Hospital on July 6, 1906. He was promoted to junior assistant physician September 7, 1906, to assistant physician, November 1, 1907, and was placed in charge of the pathological laboratory of the hospital, December 1, 1910.

On August 22, 1911, he accepted an appointment as second assistant physician at Matteawan State Hospital but returned to Binghamton State Hospital, October 1, 1911, and resumed charge of the laboratory where he remained until March 15, 1920, when he was promoted to pathologist, of first assistant grade, at Manhattan State Hospital. He was appointed director of clinical psychiatry at Kings Park State Hospital, September 1, 1922. His promotion to the superintendency of the same hospital occurred October 26, 1926. He was transferred as superintendent to the new Pilgrim State Hospital, November 16, 1931.

When Commissioner Parsons retired on October 1, 1937, Dr. Tiffany was appointed by Governor Lehman to fill the vacancy.

In all the positions held by Dr. Tiffany, his ability has been recognized. As superintendent and Commissioner he has been solicitous of the welfare of the patients and fair and just in his dealings with the medical staff and employees of the hospitals.

Among his research studies the following published reports may be mentioned: "The Anatomy and Histopathology of the Senile Brain," "The Occurrence of Miliary Plaques in the Senile Brain," "The Function of the Pathological Laboratory in the State Hospital Service," and "Pathological Changes in Testes and Ovaries of Dementia Praecox."

*Read at the Quarterly Conference of the New York State Department of Mental Hygiene, Buffalo, September 15, 1943.

As Commissioner, Dr. Tiffany carried on a construction program which added greatly to the bed capacity of our hospitals and the comfort of the patients. Among these improvements is the construction of a new group for 1,200 tuberculous patients at Central Islip; completion of additional accommodations for 1,000 patients at Brooklyn; a reception building at Creedmoor; an infirmary for 1,200 patients and a continued treatment building for 402 at Kings Park; buildings for 1,528 disturbed patients at Pilgrim; a new assembly hall at Utica State Hospital, a complete new State school, Willowbrook, on Staten Island, now occupied by the United States Army; and the new Edgewood State Hospital which is now under construction.

Dr. Tiffany has led a strenuous life of hard work. The war added many additional problems to his burden as Commissioner. It is hoped that, with his retirement, there will come some degree of relaxation so that he may enjoy some of those things he has always wanted, but never had time, to do. This conference wishes Dr. Tiffany well.

Pilgrim State Hospital
West Brentwood, N. Y.

A TRIBUTE TO DR. GEORGE W. T. MILLS*

BY DAVID CORCORAN, M. D.

It is fitting, at this Quarterly Conference, that recognition be given to the retirement of Dr. George W. T. Mills as superintendent of Creedmoor State Hospital.

Having served the State, this Department and thousands of mentally-afflicted persons for over 36 years, he retired from active duty on July 1, 1943.

Dr. Mills was born in Sayville, N. Y., in 1880, and is a life resident of Long Island.

He attended the public schools at Sayville and was graduated from New York University Medical College in 1902. He served a two and one-half year general hospital internship in New York City. Following this, he served for six months as a ship's surgeon between New York, the West Indies and South America.

He was appointed from the competitive civil service list as junior physician at Buffalo State Hospital, April 21, 1906, and transferred to Central Islip State Hospital in September of the same year. He was promoted to assistant physician, October 1, 1907, and was appointed second assistant physician, October 1, 1910, and senior assistant physician, July 1, 1912.

He was appointed clinical director on July 1, 1918, and medical inspector for the Department from the superintendents' competitive civil service list July 1, 1924. In this position, because of his painstaking observations and his desire to institute more modern methods, he was successful in bringing about greater uniformity of procedures in the hospitals. He was appointed superintendent of Brooklyn State Hospital, June 8, 1927, and became superintendent of Creedmoor in July, 1935.

In 1915, Dr. Mills represented the New York State hospital system at the Panama-Pacific International Exposition in San Francisco, Calif.

One cannot review the bulletins and quarterlies of the Department of Mental Hygiene without being impressed by the number of original scientific and administrative articles written and published by him. Among the first, one notes his original work in 1909 in connection with the value of the various tests for tuberculosis in the mental patient.

In his early hospital career, Dr. Mills received advanced psychiatric training under the guidance of Dr. Adolf Meyer, at that time director of the Psychiatric Institute at Manhattan State Hospital. The common interest of

*Read at the Quarterly Conference of the New York State Department of Mental Hygiene, Buffalo, September 15, 1943.

these two men in the advancement of psychiatry resulted in the establishment of a professional and scientific relationship which has continued since.

Dr. Mills held important appointments and designations relating to the solution of many of the Department's problems. He served as chairman of the construction committee, chairman of the committee on examinations, chairman of the committee on sick time and was a member of the committee on statistics and forms. He has rendered invaluable service to the State and to this Department which can be best attested by those who worked with him.

Dr. Mills is a member of the Suffolk County Medical Society, the New York State Medical Society, the Society for Research in Nervous and Mental Diseases and the Long Island Psychiatric Society. He is a diplomate of the American Medical Association, the American Psychiatric Association, and the American Board of Psychiatry. He is a member of the New York University Medical College Alumni and a member of Nu Sigma Nu fraternity and alumni.

Dr. Mills is an eminent psychiatrist and clinician, a combination too rarely found in the same physician. No one having worked with him could fail to recognize his ability to diagnose the physical and mental components of his patients, to appreciate their significance and to treat both. He has a wealth of human sympathy. He is kind and sincere; he inspires confidence in his patients because of his untiring interest in their welfare. He is a true friend, and his friends are legion. In his hospitality and good fellowship, his gracious wife joins him in their mutual desire to make others happy.

Society needs the services of such a physician, so well versed in the mental and physical problems of its members. It is hoped that because of his many personal aptitudes as a physician, his training and experience, he will, after a well-deserved rest, again direct his efforts to his chosen profession.

Central Islip State Hospital
Central Islip, N. Y.

A RESOLUTION IN APPRECIATION OF DR. JOHN R. ROSS*

BY HARRY A. LABURT, M. D.

Dr. John Robert Ross elected to retire from service in the Department of Mental Hygiene on July 31, 1943.

The official records show that he was born in Nova Scotia in 1879, was graduated from Tufts Medical College in 1907 and entered State hospital service at Kings Park State Hospital in July, 1908. He was transferred to St. Lawrence State Hospital as senior assistant physician in 1911; was appointed first assistant physician at Dannemora State Hospital in 1913 and was appointed superintendent of Dannemora, January 1, 1918. He was transferred to the position of medical inspector of the Department of Mental Hygiene in 1922; was appointed superintendent of Harlem Valley State Hospital April 21, 1924, and was transferred to the superintendency of Hudson River State Hospital, November 30, 1941.

Assuming his duties at a time when management and direction of State hospital care and treatment of patients was especially difficult and handicapped, he devoted himself unsparingly to the many important details of his work. It is an indication of his ability and leadership that he helped to improve the organization in all of its departments. His enthusiasm and whole-hearted effort in his work, his fairness to those associated with him and his democratic personality won the respect and friendship of his co-workers.

Let us now resolve that the Conference hereby crystallizes its profound feeling of regret in the retirement from office of Dr. John Robert Ross and hereby records on behalf of the Department its high appreciation for his many years of devoted and distinguished service to the State hospital system in building and in furthering the high principles for which it stands in public service.

Let it be resolved, further, that these resolutions be spread in full upon the minutes of the Conference and that a copy thereof, suitably engrossed and signed be forwarded to Dr. John Robert Ross as a permanent token of our esteem and respect and also our sincere wish that he may enjoy the best of health, a long and happy life and abundant success in any new venture.

Harlem Valley State Hospital
Wingdale, N. Y.

*Read at the Quarterly Conference of the New York State Department of Mental Hygiene, Buffalo, September 15, 1943.

WILLIAM THOMAS SHANAHAN*

An Appreciation

BY JOHN L. VAN DE MARK, M. D.

On October 1, 1943, our associate and friend, Dr. William T. Shanahan, retired to private life with a service record of nearly 43 years. His affiliation with the New York State service has been a true career.

Dr. Shanahan was born on May 14, 1878, in Syracuse. He grew up in that city and obtained his education there, including his medical training. He was always physically vigorous and robust, a good student with strong purpose and determination, socially inclined and interested in all activities enjoyed by his associates.

After graduation in medicine in 1898, he served a rotating internship at the Sisters of Charity Hospital in Buffalo. In February, 1901, he accepted an appointment as medical interne on the staff at Craig Colony. His duties there were undertaken with the same determination and interest as had been his custom, with the result that unusually rapid progress was made through the various grades of promotion. An estimate of his capabilities is well demonstrated by the fact that after seven years of experience at Craig Colony (when his superior officer, Dr. Spratling, resigned) Dr. Shanahan was made acting superintendent. This occurred in the fall of 1908 and one year later, October 12, 1909, he was given the appointment of superintendent.

In 1903, Dr. Shanahan was married to Miss Bridget M. Fox of New York City. His progress and accomplishments have been due in no small degree to a happy family life. Eight children were born to them, all living except two who died in early childhood. There are four daughters, one of whom is married, and two sons, the elder one a member of the Jesuit order on the faculty of Canisius College. The younger son is a lieutenant in the United States military service.

Dr. Shanahan, the second medical superintendent of Craig Colony, has devoted his life to the study and treatment of convulsive disorders. By his succession to Dr. Spratling, a pioneer in this field of medicine, he has carried on the study of a group of not too well understood unfortunates. As time has passed, he has been affiliated with many scientific bodies, including the National Association for the Study of Epilepsy, which has twice honored him by electing him president; he is a life member of the American Psychiatric Association, a member of the Association for the Study of Mental Deficiency, The American Medical Association, The New York State Medical

* Read at the Quarterly Conference at New York, N. Y., December 15, 1943.

Society, the Association for Research in Nervous and Mental Diseases, the Academy of Medicine of both Buffalo and Rochester, the Neuron Club, the Knights of Columbus, a charter member of the Rotary Club of Mount Morris and later its president, and a lecturer on epilepsy at Fordham, Syracuse and Buffalo Medical Colleges. In 1910, he was president of the Livingston County Medical Society and, in 1912, of the Seventh District Branch. He is a member of Alpha Omega Alpha, medical fraternity, was a captain in New York Guard, 1917-1919, and has been associated with the examination of draftees in both World War I and II.

Early in his association with Craig Colony, he began to prepare and publish scientific papers. Among them, may be mentioned: "Epilepsies: Etiology and Symptomatology," "Convulsions in Infancy and Their Relationship, if any, to Subsequent Epilepsy," "Acute Pulmonary Oedema as a Complication of Epileptic Seizures," "Care and Treatment of Epilepsy," and "Bromide Sedation in Epilepsy."

Because of his reputation as an outstanding authority in this special field, Dr. Shanahan was called upon from time to time to prepare articles for publication. In departmental affairs, he was assigned to various committees and has been particularly interested in problems of the committee on nursing.

In his associations with fellow workers, he has always been considered just and fair; as an administrator, he has been forceful and inspiring but at the same time calm and reserved. He was respected by his associates all of whom were loyal and cooperative. He accepted his responsibilities seriously, was devoted to the institution which he served so many years, and was not only familiar with its activities, but took an active part in all of them. All this can be attested to by the writer, who, a few days ago, had occasion to visit the Colony where he came in contact with many of Dr. Shanahan's former associates all of whom spoke his praise and expressed regret for his leaving.

A further tribute was paid him by his church at the time he relinquished his official duties. The most Reverend James E. Kearney, Catholic bishop of the Diocese of Rochester, officiated at a special mass at the Colony chapel in his honor.

With this brief review of the many activities in which Dr. Shanahan has participated, you can understand that he has earned for himself a well-merited retirement, and I am sure we all wish him and his family future health and happiness.

Rochester State Hospital
Rochester, N. Y.

A TRIBUTE TO WILLIAM W. WRIGHT*

BY WILLIS E. MERRIMAN, M. D.

Dr. William W. Wright retired from the directorship of the Marcy State Hospital on November 1, 1943, and took up the private practice of psychiatry and neurology in the city of Utica.

William W. Wright was born at LeRay, Jefferson County, N. Y., on October 17, 1873. His early life was spent at Philadelphia in the same county, where he attended the public schools. Following his graduation from the Potsdam Normal School in 1895, he was for four years principal of the village school at Bangor, N. Y. In 1900, he entered the College of Medicine of the University of Michigan, and he was graduated from there in 1904. The following year, he spent at St. Alexis Hospital, Cleveland, Ohio, where he acted as assistant surgeon for the American Steel and Wire Company.

Dr. Wright was appointed junior assistant physician at Buffalo State Hospital in September, 1906. After passing through the various grades, he was transferred, in February, 1912 to the Psychiatric Institute, then on Ward's Island, as second assistant physician, at first being associated with Dr. Hoch and later with Dr. Kirby. From 1912 to 1918, Dr. Wright was instructor in medicine in the department of psychopathology at the Cornell Medical School, and was also attending physician at the Cornell Dispensary, where he was chief of clinic of the department of psychopathology from 1915 to 1918. On November 1, 1917, he was promoted to the position of acting clinical director at Manhattan State Hospital, where he remained until he was appointed, in August, 1918, first assistant physician at Buffalo State Hospital.

In February, 1924, Dr. Wright was transferred to Utica State Hospital as clinical director. In June, 1926, he became first assistant physician in the Marcy division of that institution. On July 1, 1930, he was appointed superintendent of the Pilgrim State Hospital, then uncompleted and not yet receiving patients. He was able to devote little attention to that responsibility, as, at the same time, he was detailed to the position of acting deputy medical inspector.

Dr. Wright was transferred in July 1, 1931, to the superintendency of Marcy State Hospital, which on that date became a separate institution. Previously it had been administered by the superintendent of the Utica State Hospital, as a division of the latter. He continued as the head of Marcy until his retirement on November 1, 1943.

For several years while in Utica, Dr. Wright was a lecturer in psychiatry at the Syracuse University Medical School, until his duties were taken over by Dr. Harry A. Steekel, director of the Syracuse Psychopathic Hospital.

*Read at the Quarterly Conference at New York, N. Y., December 15, 1943.

Stimulated by his neurological studies at the Psychiatric Institute, he continued his interest in neurology through his subsequent career and is known among the medical profession of Oneida County, as well as among members of the Department, as possessing special ability in the field of neurology as well as of psychiatry. Having retired to private practice, he is now devoting the knowledge which he gained in neurological studies to the diagnosis and treatment of his patients.

Dr. Wright has been an active member of the Utica Academy of Medicine, of which he was for a number of years a member of the council, later becoming vice-president and president. He is a member of the American Psychiatric Association, the Oneida County Medical Society, the State Medical Society and the Committee on Mental Hygiene of Oneida County. He is also a member of the Torch Club of Utica.

The following are some of the noteworthy articles published by Dr. Wright:

"Etiology of Functional Psychoses," "Review of the History of Pellagra with the Report of a Case," "Problem Children," "A Case of Paranoic Condition Presenting An Unusual Course and Final Recovery," "The Study of the Trend in a Group of Dementia Praecox Cases," and "Results Obtained by the Intensive Use of Bromides in Functional Psychoses."

Dr. Wright was married to Gertrude Webb of Granton, Ontario, on October 23, 1912. They have two children: William, a graduate of Harvard University and Harvard Business School and now an officer in the Adjutant General's Office of the United States Army; and a daughter, Mary.

Dr. Wright commands the respect and approval of his medical associates and is considered a diligent student of medicine and an able physician, in both neuropsychiatry and general medicine. While a successful administrator, he was also actively interested in the clinical side of his institution to a noteworthy degree. During the past four years I have resided near Dr. Wright and, as a result of that experience, I can testify to the high regard which the personnel of the Marey State Hospital and the community have for him. He has given his efforts unsparingly to the betterment of the institutions in which he has served and has efficiently done his part in seeing that their purposes were carried out. We in the Utica district regret the termination of our official association with him, but feel ourselves fortunate in being privileged to enjoy future professional and personal contacts. His numerous friends, both in and out of the Department, wish him success and contentment in retirement from official responsibilities.

Utica State Hospital
Utica, N. Y.

MINUTES OF THE QUARTERLY CONFERENCE

SEPTEMBER 15, 1943

The Quarterly Conference of the Department of Mental Hygiene was held at the Hotel Statler, in Buffalo, on September 15, 1943, in conjunction with the annual meeting of the American Hospital Association, with the Commissioner, the Hon. Frederick MacCurdy, M. D., presiding. Thirty-nine members and guests were present, including 22 superintendents and directors of institutions, one acting superintendent, two first assistant physicians, one director of clinical psychiatry, and the assistant commissioner and secretary of the Department.

The guests included Charles L. Campbell, director of classification of the Department of Civil Service, and the following members of the Moreland Act Commission and staff: Archie O. Dawson, chairman; Lee B. Mailler, Dr. Peter Irving, Charles G. Roswell, Alfred J. Bohlinger, Dr. Christopher G. Parnall, Dr. Perry L. Smith, Leighton M. Arrowsmith, and Miss Mayme V. Porter. Dr. Christopher Fletcher, superintendent of the Buffalo State Hospital, gave the address of welcome.

The conference was in the nature of a round table discussion of administrative problems, centering mainly on the new classification of officers and employees under the Feld-Hamilton Law and the determination of maintenance values under the new classification. Other topics of discussion included personnel shortages; the Department's negotiations with the Office of Procurement and Assignment in relation to the commissioning of medical personnel in the armed forces, and negotiations with Selective Service headquarters in relation to draft deferments; the recruiting of workers through the United States Employment Service; postgraduate training of State hospital physicians at the Psychiatric Institute; nurse training; hospital supplies; revision of the Department's "Handbook," and other administrative matters.

RECLASSIFICATION PROBLEMS

Dr. MacCurdy prefaced the discussions of reclassification problems with remarks on the apprehensions of superintendents and employees as to the results of reclassification, with special reference to reductions in salaries and grades in certain positions, and reported on a recent conference he had with the Governor on the subject. The Governor, he said, realized that there were imperfections and inequities in the application of the Feld-Hamilton Act; but assurance was given by the Governor, and by the Director of the Budget as well, that everything possible would be done to adjust

whatever difficulties might arise, to the end that any seeming injustices would be corrected and an equitable and satisfactory adjustment arrived at in accordance with the intent and underlying principles of the act—and with a view to conserving the interests of the State service and its employees.

Specifically and in substance, the assurance was that no one in the service at the present time would suffer under the new arrangement, and that provisions would be made for hearings on appeals in individual cases, so that any mistakes that had conceivably been made would eventually be corrected. An announcement to this effect, Dr. MacCurdy said, would shortly be sent to all employees.

Several of the superintendents expressed concern over the prospect of resignations that might result from the dissatisfaction of many employees with their new allocations and cited specific instances to illustrate how reclassification in many cases had worked to the apparent disadvantage of individual employees, as far as their present and future status was concerned, even where there was no immediate financial loss. They pointed out, for example, how the new grades in which certain employees were placed were at variance with their duties and functions and experience in present positions, and resulted effectually in a reduction of status.

Mr. Campbell, speaking for the classification board, conceded that perhaps some of the allocations were erroneously made under the heavy pressure to which the board was, of necessity, subjected in the haste to complete reclassifications before October 1, when the law required them to be in effect, and in time to meet payroll obligations; but he assured the superintendents that any palpable wrongs would be righted and that every effort would be made to arrive, in time, at a just settlement of the issues raised. These problems and difficulties, he declared, involved questions of policy which he "would like to see revised," and on which the board would take counsel and attempt to "set a pattern to be followed in the interests of uniformity and fair treatment for everybody." The board, he added, was most anxious to adjust differences, wherever they appeared, and to this end would work in close collaboration with every institution and take into consideration all pertinent factors bearing on specific problems involved in such test situations as were cited by the superintendents.

In this connection, Dr. MacCurdy reviewed some of the steps that had already been taken in dealing with the whole situation up to this time, pointing out the need of establishing precedents, in the process of arriving at solutions of individual problems, that could be applied to reclassifications of entire groups. He counseled patience and cooperation on the part of all concerned, and asked the superintendents to bear in mind the framework and limitations of the salary classification schedules set by the Legislature

in enacting the Feld-Hamilton Law, within which the work of reclassification must be accomplished. He anticipated that several conferences would be necessary to bring the process of adjustment to a satisfactory conclusion, and promised that whatever questions were presented would be dealt with as expeditiously as possible.

Some superintendents commented on the unrest prevailing at their institutions in contemplation of actual or potential consequences resulting from the changes effected in employee status under the new classifications. Some were frankly fearful of a lowering of morale in their institutions, one superintendent remarking that for the first time he was confronted with "labor troubles" and agitation on the part of organized employee groups. This superintendent inquired particularly as to what assurance could be given to employees who feared that the adjustment of their grievances would be a long-drawn-out process and who might in the end stand to lose. Mr. Campbell replied that where mistakes had been made the matter would be so adjusted that no employee would be penalized and that any temporary financial loss incurred by an erroneous classification would be made good, such readjustments to be retroactive to October 1.

MAINTENANCE VALUES

The question of maintenance values was discussed, the superintendents raising many issues in the light of the formulations and schedules promulgated by the Director of the Budget. They were especially concerned over the maintenance status of medical internes and their families, pointing out how, according to their interpretation of the new arrangement, the allowances under the proposed schedule of maintenance values would militate against their obtaining desirable applicants for vacant positions. Dr. MacCurdy reported that this problem was under consideration by the Director of the Budget, with special reference to the number of dependents to be covered by the new maintenance allowances, and he expressed the hope that a practical solution would be worked out. He intimated that existing arrangements, as they affect present members of medical and dental staffs and their families, would probably not be disturbed, but that new formulations would have to be evolved to afford a satisfactory answer to the question as it affected newcomers, in order to make the positions as attractive as possible.

Similarly, questions were raised with regard to differential values as among urban, rural and semi-rural areas, according to which institutions and the quarters they provide had been classified; with regard to employees who should live in the institution and those who might live out; those who might take their meals in staff dining rooms as differentiated from em-

ployees' dining rooms; the number of meals to be taken at the institutions and charged for; the prices charged for food taken from institution stores; the effects of the new arrangements on pension deductions and income tax obligations; and whether or to what extent domestic service would be allowed to officers.

With respect to maintenance allowances to families of officers on military leave who continued to occupy quarters at the institution, Dr. MacCurdy indicated that inasmuch as there were not many such families involved, the question could perhaps be decided on its merits in individual instances and that a general ruling or policy might not be necessary. He intimated that domestic service would probably be provided as before and assured the superintendents that there need be no concern on this score.

The question of who should live in an institution and who might live out, Dr. MacCurdy said, was one to be decided on the basis of the institution's needs as interpreted by each superintendent, mindful as he must be of the necessity of having a sufficient complement of personnel in the institution at all times in case of fire or other emergencies. The matter, he said, was wholly within the province of the superintendents, subject to the Commissioner's approval. The letter previously addressed to superintendents, which allowed a certain latitude to employees in choosing whether to live in or out, the Commissioner said, had been misconstrued by some; and new instructions would be issued on this point.

In this connection, one superintendent suggested that employees who were not married were better off living in the institutions, with the exception of a few who might have to live at home to care for invalid parents or for other good reasons, and that as a general rule single employees should live in the institutions, because they were better supervised and better able to carry on their work, and the system resulted in much less absenteeism.

In answer to a query as to what maintenance value would apply in the case of an employee who had lived in the institution and now preferred to live out, the Commissioner said there would be no change. The employee would pay what it cost him to live out; and he would receive an allowance equivalent to what he had when he lived in. His maintenance value would be the same in either case. If he lived out, his living costs might be more or they might be less, according to his circumstances.

With regard to the number of meals taken at the institution by employees living out, the Commissioner suggested, subject to the general ruling (except in special instances), that employees were required to take one meal at their institution. A ticket system was recommended to provide a check on those taking more than one meal, so that they could be properly accounted and charged for. With regard to food taken from stores by those entitled

to this privilege, the Commissioner believed that the difference in costs as between "raw foods" and "prepared foods" (as served at meals taken at the institution) should be considered and that some system of valuation would probably be set up taking this into account.

With regard to income taxes, Dr. MacCurdy explained that the general ruling was that any employee whose services required him to reside on the premises as certified by his superintendent, did not have to pay income tax on maintenance.

MORELAND ACT COMMISSION

Following the foregoing discussions, Mr. Dawson spoke on the aims and purposes of the Moreland Act Commission, making it clear, as he put it, that the investigation under way was "not with the idea of trying to pin responsibilities on some person" but was "an endeavor to see where, in the hospital administration, the system can be improved, and to bring our recommendations to the Governor and to the Legislature. We are endeavoring to make a constructive survey of the operation of the entire system." He introduced members of the technical staff who were present and whose functions he described in connection with the survey now in progress. He recalled that each superintendent was invited to set forth in a letter to the Moreland Act Commission his comments and suggestions as to outstanding problems that in his opinion needed attention, and that these were receiving the careful study of the commission. Acknowledging the cooperation of the institutions already visited, Mr. Dawson expressed the confident hope that all the superintendents would work closely with the commission in carrying out its studies. "We are hopeful," he said, "that as a result of our survey, we may be able to help the Commissioner and you and the State hospital system to become a better system. We know it is one of the best now. What we want to do is to make it better, to the extent that we can in these difficult times, and to lay down a program which future Legislatures may take into consideration after the war."

PERSONNEL SHORTAGES

Problems of understaffing resulting from departures for military service and other causes were next considered. Those in connection with the Selective Service draft and the Office of Procurement and Assignment, the Commissioner said, were receiving special attention, in view of the serious shortage of workers. Some success had been achieved in obtaining desired deferments, and the Department was making every effort to discourage further enlistments of men from institution staffs. Mr. Pierce then described the recruiting program to be launched shortly through the United States

Employment Service channels in New York State, details of which had been set forth in a recent communication to the superintendents. He warned that the effort to be embarked upon with the cooperation of the institutions could not be expected to produce any substantial number of workers at once, but that it was designed to set up a mechanism that might make it possible to obtain such help as was still available in these days of prevailing manpower shortages in every field of labor. The Governor's office, he said, would assist in publicizing the needs of the State institutions for workers. The Commissioner urged every superintendent to keep in close touch with his local United States Employment Service through this program.

POSTGRADUATE TRAINING

Dr. Lewis reminded the Conference that the Psychiatric Institute was prepared, as before, to give a postgraduate course this fall to members of State hospital medical staffs and inquired as to the number of men contemplating attendance at the course. Dr. MacCurdy urged the superintendents to send as many of their men as could be spared, observing that the Institute had an unusually large and well-equipped research department and that the institutions were not taking full advantage of it in training their men. Reverting to the dearth of trained men, Dr. MacCurdy mentioned that there were quite a few men in the State hospital service who would sooner or later approach retirement age, and he expressed the earnest hope that as many as possible would continue in the service and lend their best efforts to enable the Department and its institutions to carry on through the wartime emergency.

SUPPLY PROBLEMS

Discussing the subject of institutional supplies, Dr. MacCurdy remarked on certain shortages reported by the Medical Inspector following recent visits to some of the institutions, and urged that steps be taken to correct any existing defects in the requisitioning system, in which, he said, the new commissioner of Standards and Purchase was prepared to assist and co-operate. The problem created by the substitution of inferior drugs was especially mentioned, Dr. MacCurdy reporting that the matter was receiving the special attention and study of Commissioner Parsons. The problem of glucose supplies was also mentioned, Dr. Gray reporting that the personnel situation at the Gowanda State Hospital made it difficult to continue to manufacture glucose in sufficient quantities to supply the institutions as Gowanda had done in the past. It was the consensus that under the circumstances it would be more feasible to depend on the standard products available from drug supply houses.

UNDERAGE STUDENT NURSES

The question of employing 17-year-old student nurses was discussed in connection with the report of the Committee on Nursing; and the Commissioner reported that the matter had again been taken up with the Attorney General who, he said, ruled that no nursing student might be assigned before she reaches the age of 18. Seventeen-year-old students might be taken on probation, however, for instruction purposes, with the understanding, that they might not have contact with patients, as nurses, during this period.

REVISION OF DEPARTMENT "HANDBOOK"

Dr. MacCurdy called attention to the need of revising the Department's "Handbook" and invited recommendations and suggestions as to desirable changes in laws or regulations. He emphasized the desirability of separating policy and procedure in preparing the new handbook, and suggested the possible advantage of having two distinct publications for this purpose. He thereupon appointed a committee, consisting of Dr. Bellinger, Dr. Keill, Dr. Storrs and Dr. Lewis, to study the material and bring in a report.

REPORT OF THE COMMITTEE ON NURSING

The following report of the Committee on Nursing was presented by Dr. Pritchard, the chairman:

A meeting of the Committee on Nursing was held at the nurses' home of the Buffalo State Hospital at 8 p. m., September 14, 1943, all members being present except Dr. Shanahan who wrote advising the committee of his inability to attend and of his coming retirement which would terminate his membership on the committee. Dr. Shanahan has been a valued member of the committee for many years, and the committee regrets that his advice and assistance are no longer available.

The committee gave consideration to the recent change in the affiliation period in general hospitals from 52 weeks to 48 weeks and concluded that, following the 48 weeks, there must be a four-week period in which the general hospitals will be without affiliates as the students will go each year on the same date.

In reference to the affiliation of general hospital students in the State hospitals, the Department of Education has ruled that there is no objection to students or cadet nurses spending three months in affiliation rather than eight weeks, provided the student completes all classroom and theoretical training within the prescribed 30 months, and that the duration of the affiliation is a matter to be determined between the schools involved.

Members of the committee have received many inquiries as to what allowance will be made to cadet nurses by the State in addition to those made by the Federal government; and, inasmuch as many students desire this information before reaching a decision regarding joining the cadets, the committee requests that if this matter has not yet been decided, an effort be made to reach a decision as soon as possible and have the information forwarded to the schools, so that the forming of the cadet corps may be expedited. The committee appreciates that certain provisions of the Bolton Act will require time to establish a policy and rules, but the matter of allowances seems of paramount importance to enable students to decide whether they will become cadets.

The committee recommends that such steps as seem necessary or desirable be taken to exempt student nurses from the provisions of the law recently enacted, which makes it illegal to employ anyone under 18 years of age in the care of patients in State institutions. This places the schools of nursing in these institutions at a great disadvantage, as 17-year-old students are accepted by general hospitals. Also the brightest students in their class may graduate from high school before the age of 18; they often apply for admission to our schools, but have to be rejected.

At a meeting of the principals of the schools of nursing in October, 1941, the recommendation was made to the committee on nursing that the committee give consideration to the request that a director of the State institution schools of nursing be appointed. The committee did not believe it desirable to make the recommendation at that time. However, it is the present opinion of the committee that the appointment of such a director at this time would be of material assistance to the principals, particularly in view of the many questions that will arise as a result of the enrollment of the nurse cadets and the necessity for the rendering of prompt decisions. The committee, therefore, calls this matter to the attention of the Commissioner and the Conference at this time.

Respectfully submitted,

J. A. PRITCHARD, M. D., *Chairman.*

It was moved, seconded and carried that the report of the Committee on Nursing be adopted. At this point, Dr. MacCurdy reported that the position of director of nursing would be provided for in next year's budget, the item having been approved by the Budget Director.

HOSPITAL RETIREMENT BOARD

It was reported that a vacaney existed in the position of officers' representative on the Hospital Retirement Board by reason of the retirement of Dr. Ross and that Dr. Coreoran had been temporarily appointed to the position by the Commissioner. Upon motion duly made, seconded, and carried, Dr. Coreoran was elected to succeed Dr. Ross.

RESOLUTIONS

Remarks of appreciation on the retirements of Commissioner Tiffany, Dr. Mills and Dr. Ross were presented, respectively, by Dr. Worthing, Dr. Coreoran and Dr. LaBurt, and, upon motions duly made, seconded and carried, these resolutions were adopted. (See pages 55, 57 and 59.)

ADJOURNMENT

The Conference adjourned to dinner in the Georgian Room of the Hotel Statler at 6:30 o'clock, where an informal joint meeting was held with representatives of the Massachusetts Department of Mental Health, at which hospital administration matters were discussed. Dr. Clifton T. Perkins, Massachusetts commissioner of mental health, was the principal speaker.

MINUTES OF THE QUARTERLY CONFERENCE

DECEMBER 15, 1943

The Quarterly Conference of the Department of Mental Hygiene was held at the New York State Psychiatric Institute and Hospital, New York City, on December 15, 1943. Sixty-eight members and guests were present, including 32 members of boards of visitors, 24 directors and acting directors, four associate and assistant directors, the chief medical inspector, and the secretary and assistant secretary of the Department. The guests were Dr. William C. Sandy, director, Bureau of Mental Health, Pennsylvania Department of Public Welfare; Alfred J. Bohlinger, counsel to the Moreland Act Commission; and Charles L. Campbell and J. Earl Kelly, administrative director and director, classification division, Department of Civil Service. The Hon. Frederick MacCurdy, M. D., Commissioner of Mental Hygiene, presided.

The morning session was devoted to the affairs of boards of visitors. Papers were read by Mrs. Frank W. Whitehall, secretary, board of visitors, Brooklyn State Hospital, and by Franklin B. Kirkbride, president, board of visitors, Letchworth Village, on duties of boards of visitors. (See pages 43 and 49.) Charles L. Campbell, administrative director of the Department of Civil Service, then discussed "The Feld-Hamilton Law as Applied to State Institutions."

Mr. Campbell outlined the philosophy and background of the Feld-Hamilton Law, which was enacted to bring about a more adequate and uniform classification of positions in the various departments of the New York State Civil Service, with a standardized compensation plan, on the principle of "equal pay for equal work." The effort to achieve this was inaugurated in 1916, but it was not until 1937-1938, when the Feld-Hamilton and Feld-Ostertag Acts were passed, Mr. Campbell noted, that the plan was put into effect. This entailed a comprehensive study and classification of positions in the State government, comparable to what is known as "job analysis" in industry; and legislation was introduced in 1941 to clear away obstacles to the extension of the Feld-Hamilton Law to the mental hygiene institutions. The Civil Service Department thereupon undertook to apply the law to these institutions, a tremendous task, he said, because of the enormous turnover of personnel and the difficulty of formulating job specifications, due to the large-scale shifting and reassignment of duties and functions.

The process of reclassification has presented many and complex problems, and Mr. Campbell recounted the developments in recent months as a result of efforts to deal with these problems. Taking cognizance of the dissatis-

factions and apprehensions engendered among many employees over the reclassifications that have been made, he said there were many misconceptions and much misinformation as to the aims and purposes and workings of the Feld-Hamilton Law, and he reported on what had been done thus far to correct mistaken notions, giving illustrations of specific situations. Similar difficulties were encountered in the establishment of the new maintenance value plan, an integral part of the new system of classification; and many misunderstandings have been cleared up as to the operation of this plan. Substantial progress has been made in the adjustment of these difficulties, Mr. Campbell said, and he pleaded for cooperation and patience on the part of employees, assuring them that every effort was being made to correct mistakes in classification, without prejudice to the employee and with the promise that such corrections would be retroactive, so that justice might be done. The Classification Board, he declared, was doing everything possible to speed the work of hearings on appeals, and he expressed the conviction that the plan, taken as a whole, would ultimately benefit all employees, as well as the institutions and the State. (J. Earl Kelly, director of classification, reported on the status of appeals at the afternoon session of the Conference.)

Discussing another aspect of the matter, which has been a source of irritation to some employees, Mr. Campbell explained that the Feld-Hamilton Law applies only to competitive and noncompetitive classes, leaving 13 classes of positions, involving some 1,100 employees, in the exempt or labor groups. This problem, he said, was receiving careful study, and he hoped that a satisfactory solution would be found, either by legislative amendment or administrative action. Meantime, no employee in these groups would be effected by this situation, either way, until April 1, 1944, when the new fiscal year began.

At this point, the meeting was given over to general discussion by members of the boards of visitors. Several visitors questioned certain changes in titles under the new classification, one visitor, for example, pointing out that even where there were no reductions in salary, some incumbents interpreted the changes as reductions in rank, and several had resigned because they had become discouraged. He feared that the new provisions would militate against younger doctors entering the State hospital service, as the older ones were gradually retiring from the service. Dr. MacCurdy acknowledged what appeared to be some disadvantages accruing from these changes, but he discounted their importance in the long run and recommended a philosophy of acceptance in line with the inevitability of social change. Offsetting the question of title, he said, were compensating factors, such as the contemplated strengthening of educational and research programs and other

professional opportunities and inducements that would operate to attract just as good men in the future as in the past.

Charles Partridge criticized the scale of compensation for cooks and others charged with the preparation and serving of food, holding that higher rates of pay would be justified from the standpoint of economy in the prevention of waste caused by unappetizing and untasteful food preparation, and from the standpoint of attracting competent help in these positions. He also suggested that better methods be employed in the hiring of attendants, pointing out that a great many unsuitable persons had been engaged under the new civil service recruiting procedure, which he felt was inferior to the previous system of employment. Dr. MacCurdy replied that he expected the new plan of probationary service for attendants would tend toward a better final selection of personnel. He also said that recommendations had been made to the Budget Director for more equitable pay for attendants engaged in difficult and exacting work, for example those working on wards for disturbed or tuberculous patients.

David F. Soden discussed the question of abuse of sick leave, reporting that there had been a great increase of absenteeism at Creedmoor among employees who were taking undue advantage of the liberal sick leave rules now in force, and suggesting that some arrangements be made to combat present practices. Dr. MacCurdy agreed that there had been a widespread abuse of sick leave privileges which must be corrected, and indicated that the matter was then before the Civil Service Commission for a complete review. Mr. Soden also suggested that newly-engaged attendants should receive as much training as possible before assignment to duty, especially on the more difficult wards.

The functions and duties of boards of visitors were discussed by Clarence H. Low, who reviewed the experience of visitors at Rockland State Hospital. He declared that boards of visitors should exercise more responsibility and initiative and illustrated how the Rockland board used its privilege in recommending changes in institutional procedure and incorporating suggestions in the minutes of its meetings. He held that boards should have greater latitude in passing upon construction and other plans and objected to the prevailing method of submitting such plans to boards for their approval, which he said, did not give sufficient time to study them. In this connection, another visitor suggested that technical assistance be afforded to boards in reviewing blue prints, and that more be done to facilitate collaboration between boards and the administration. Mr. Low concurred, further suggesting that there should be a strengthening of the functions of boards and suggesting a more suitable name than "visitors," in line with this stepping-up of duties and functions. He also stated that appointments

and tenure of board members should be "completely nonpolitical" and based solely on qualifications from the standpoint of public interest and public service and not for personal gain of any sort. Several visitors expressed support of this view, although one speaker saw no particular advantage in changing the names of boards, holding that the title "was inconsequential," as long as they carried proper responsibilities.

Mr. Low emphasized the importance of better provisions for the isolation of contagious diseases, and Mr. Soden suggested that an epidemiologist be regularly assigned to each State hospital district for the study and control of such diseases, to guard more effectively against epidemics. Mr. Low also maintained that existing social service staffs were inadequate and that much more should be done for the development of research at State hospitals. Dr. MacCurdy said that arrangements were being made with the State Health Department for an adequate epidemiological service, and that special plans were in progress for the centralized care of tuberculous patients for better medical-surgical facilities, and for correlation of treatment and research methods. He also described plans for establishing a more effective social service followup for paroled patients in the Metropolitan district, plans which he anticipated would soon be in operation. He also mentioned plans for the appointment, in the central office of the Department, of a director of nurses, a director of nutrition and other special aides, who would be in a position to assist the hospital directors in dealing with pressing problems.

In a further discussion of the functions of boards of visitors, Roy W. Foley recalled certain experiences as a visitor that gave him considerable satisfaction and certain others that were not so satisfying. He felt that, in general, boards should have greater responsibilities and greater opportunities for exercising them, and asked for a more definite formulation of duties and functions, in relation to the directors of institutions, as well as to the Department. He hoped there would be more effective participation by visitors in the affairs of their respective institutions and closer contact with the directors and the Commissioner.

Mr. Lawrence S. Greenbaum, with justice, dissented from the view that it was the function of boards of visitors to remedy administrative defects, pointing out that boards had no facilities for the exercise of investigative or administrative powers, and that such powers were vested in the Commissioner. Boards did have an important rôle, however, in their relation to State hospital administration, which he defined as a "public relations" function. He emphasized that it was supremely important for the people of the State of New York, and even more so for the patients and their relatives, to know that the State hospitals had behind them a public relations body composed of citizens who had no official tie-up with the administration.

as paid workers but who functioned solely as representatives of the public, and he implied that the mental hygiene laws governing the functions of boards of visitors should be rewritten to emphasize this. A final suggestion was made by Mr. Low that a page or two be devoted in THE PSYCHIATRIC QUARTERLY SUPPLEMENT to periodic discussions of the interests and activities of boards of visitors and to the interchange of views by board members on various topics of interest.

In closing the morning's discussion, Dr. MacCurdy stressed the importance of the public relations aspect of visitors' functions, which he considered one of their primary functions, and he recommended their more vigorous participation, as public representatives, thus rendering greater assistance to the administration of the institutions. It was incumbent upon visitors, he said, to inform themselves of the needs of their institutions, and upon directors to bring the needs of their institutions to the attention of visitors, bearing in mind that the problems of one institution differed from those of another and that what could be done in one place might not be applicable elsewhere. He counselled board members to work in close relationship with the directors and to bring their views to the attention of the administration in Albany.

The members and guests adjourned to luncheon at the Institute, at which Dr. George Draper, associate professor of medicine, College of Physicians and Surgeons, Columbia University, was guest speaker. Dr. Draper's topic was "Psychosomatic Medicine."

The afternoon session of the Conference, attended by the directors of institutions and invited guests, opened with a review of the year's work of the Psychiatric Institute by the director, Nolan D. C. Lewis, M. D. The remainder of the session was devoted to a discussion of administrative problems.

ADMISSIONS

Dr. MacCurdy discussed the problem presented by the steadily increasing admissions of senile patients to State hospitals and raised the question as to the extent to which this represented increased incidence or as to the extent to which it represented a tendency on the part of community agencies "to unload on our institutions." In any event, the Department is in a position to exercise a certain control over these admissions; and, pending a determination as to the causes of the increase, it was pointed out that directors had the right to refuse admission if such individuals were not psychotic, or to discharge them promptly on recovery from psychoses; and if the directors had difficulty in so discharging them, the Commissioner would assist in clarifying the Department's policy and in interpreting the law relating thereto.

There was also, he said, the question of when to accept or not to accept alleged criminals in view of conflicting provisions in the laws. These persons may or may not be insane, under the terms of the mental hygiene commitment laws and the Code of Criminal Procedure. The Commissioner held that "our duty to our civil patients should preclude acceptance of individuals charged with crimes who may be dangerous to the safety of other patients," and he suggested that in all instances in which there was doubt the director confer with the Department before agreeing to admit such individuals. He also requested that the Committee on Legislation study the matter to see if any revision in the laws might be desirable to clear up the difficulty.

THERAPY

Taking up the matter of shock therapy, now administered in some hospitals and not in others, Dr. MacCurdy declared that it is an accepted method of therapy and should therefore be in use in all hospitals, and urged that they employ all forms of shock therapy to the limit of their facilities. If there was a question of suitable equipment, involving finances or priorities, he directed that the difficulty be brought to the attention of the Department, which would help in every way to obtain the equipment.

In this connection, the question arose as to the feasibility of permitting shock treatment of outpatients. This was precipitated by applications made to the Department by certain private institutions, unlicensed as mental hospitals, that wished to administer malarial and shock treatments and other approved therapies. The Attorney General has ruled that at certain institutions selected nonresident individuals might receive electric shock therapy. Such a plan, Dr. MacCurdy said, would involve the same principles that underlie the Department's policy relative to the admission of patients for malarial therapy as a preventive measure and which allow hospital physicians to treat nonresident patients in clinics maintained by hospitals in various cities of the State. Considering the difficulties and dangers which might arise from the setting up of such a project, the Commissioner said he was reluctant to recommend the treatment of mental cases except under the supervision of State hospitals, or in properly staffed and licensed private hospitals; but in view of the rising demand for community facilities for such treatments, he believed the matter should have further study and asked the directors to consider the possibility of making arrangements for the acceptance of mild cases on an outpatient basis, with a view to extending such assistance as they could to practising physicians. This would involve also the question of what fees should be charged for such treatments. A definite decision would await further discussion, he said.

INSTITUTIONAL FORMULARY

The Commissioner recommended that steps be taken to prepare a formulary for use in the State institutions looking toward improved medical treatment and more economical purchase of drugs. There is such variation in present practices, he noted, in pharmaceutical procedure and the requisitioning of drugs, that it is desirable to simplify and standardize this aspect of State hospital activity, with a view to eliminating duplication, short ordering and other doubtful procedures, and adopting a standard formulary that will better serve the needs of the various institutions. It was therefore proposed to have a conference of clinical directors and directors and to form a standing committee to deal with this subject.

STATISTICS

Dr. MacCurdy announced that a new mechanized statistical punch card system was in process of installation at the Albany office, which would eventually relieve the institutions of some of their statistical work and would provide a more useful set of figures. Dr. Pollock, who was to explain the *modus operandi* of the new system, was unable to be present, due to illness; but Dr. MacCurdy described the project briefly, emphasizing the importance of close cooperation on the part of the physicians in preparing reports on patients, particularly in making diagnoses and characterizing patients' conditions, to the end that the required forms be filled out as accurately as possible. Mechanical operation, he pointed out, would greatly facilitate and make much less burdensome the work of statistical recording and reporting, but the value of the statistics would still depend on "scrupulous accuracy" and the care with which reports were prepared in the first instance. The Commissioner also mentioned that billing machines would be available before long in connection with reimbursement operations, equipment which would save much time and work. He said that two "Recordak" machines have been installed in the central office for the microfilming of records to save filing space.

FOOD

The problem of food rationing to employees of institutions was discussed with reference to requirements of the Office of Price Administration, and Dr. MacCurdy confirmed the instructions contained in Circular Letter No. 4555 which provides that only those who actually live in the institutions and take eight or more meals a week therein must surrender their ration books. The directors mentioned certain difficulties arising from the refusal of employees to surrender their books and the complications involved in determining who were entitled to keep them and who were not. Efforts to

regulate the handling of books, it was also pointed out, entailed a great amount of clerical work, especially with reference to employees who were absent from institutions on pass or vacation, and those who drew rationed food from stores. The ensuing discussion indicated that management of the situation presented a knotty problem for which perhaps there was no ideal solution; and it was the consensus that each director would have to deal with it at his own discretion, bearing in mind that in the last analysis it was a matter between the employee and his local ration board and that in difficult cases the director could only report refusals to local boards, where responsibility ultimately rested.

With reference to food shortages, the Commissioner said that every effort would be made to see that shortages did not occur beyond present limitations and to obviate as far as possible criticism that inadequate meals were being served to patients. He also reported that for the time being the handling charge would be suspended so far as food for officers was concerned.

PERSONNEL

Mr. Kelly of the Department of Civil Service, upon invitation, presented a report on the status of appeals pending with regard to employees who have expressed dissatisfaction with reclassifications under the Feld-Hamilton Law. At the outset, he distinguished between appeals from classifications of positions, which are the proper consideration of the Classification Board, and appeals from decisions as to salary grades, which are the province of the Salary Standardization Board; and he said this distinction had been clearly pointed out to employees who had filed exceptions. Some 4,000 appeals had been filed to date, of which some 400 have been heard. It was a considerable task, Mr. Kelly said, in view of staff limitations, since only one board was available to hear appeals and it would take some time for this board to visit all mental hygiene institutions. On the other hand, there was the saving factor that in the experience of the board thus far it had been found that where a change should be made in the title of a given position in one hospital it would affect the same type of position in every other hospital, so that it would not be necessary to review the same individual situations in all the hospitals. A recommendation had been made to handle appeals on this basis, and if approval was received from the Director of the Budget (as is required by law), Mr. Kelly said "we will not wait until we get to each institution to interview the person holding the same job, but will make the change for every incumbent immediately, so that you will find, as this work progresses, notices of reclassifications will be coming through and the results of the work already done at these hearings will become apparent."

Contrary to a common assumption, the classification board, Mr. Kelly explained, was not confined in its reviews to "the narrow walls already established by the type of structure planned," but was hearing the complaints of employees in an effort to get all the facts that would enable it to determine whether a given classification was erroneous and, if it so found, to correct it. Describing the procedure, he said that a conference was first held with the director of each institution to get his views as to how reclassification was working out and what might be done to adjust individual situations, following which individual hearings were held with each employee who had filed an appeal. These hearings lasted from 15 to 30 minutes, averaging about 20 minutes apiece; "and we are satisfied," Mr. Kelly said, "when we finish the interview not a single employee has left the room dissatisfied." Every employee was assured that he could be perfectly frank in discussing his case. "We are doing our level best to find out what is on the employee's mind and what his grievance really is and to get his reasons, and then we make a reclassification just as equitably as we possibly can."

Mr. Kelly was asked to comment on a question of policy involved in efforts to unionize State hospital employees and, specifically, an instance that had come to the attention of the Department in which an attempt was allegedly made to coerce employees to join a certain organization. Speaking from his experience as a former president of the New York City Chapter of the State Civil Service Employees' Association, which had brought him into contact with union organizers, Mr. Kelly counselled that every opportunity and facility be given to employees to discuss grievances with those in authority at institutions and, in this way, avoid the creation of any issue as to employees' rights that might be capitalized and exploited by union organizers. If this were done consistently, he said, and more emphasis were placed upon dealing with the individual employee, there would be little need, if any, for "representatives." This was particularly important, he added, in view of the principle of collective bargaining which might conceivably force the matter of employee representation to the point where it might become a subject for legislation, if employees were not encouraged to talk over their problems with the administrative officers, as they should be. Dr. MacCurdy concurred in Mr. Kelly's recommendations, adding that employees should be invited to submit suggestions—perhaps through the medium of a "Question Box"—that could be frankly discussed by the administrator, thus forestalling agitation on the part of disgruntled employees.

In this connection, the Commissioner mentioned his plan to appoint a personnel director at headquarters to handle problems connected with the civil service and to undertake to cooperate with each of the institutions in dealing with personnel questions. His office could thus become a clearing

house of information on civil service matters and the focal point for centralizing certain personnel activities and channeling others. He also requested again that each director designate an officer (preferably one who had the actual or delegated power of appointment and removal) to handle all personnel matters in his institution, declaring that personnel work was so important and of such dimensions as to justify virtually the full time of one person to attend to it. Mr. Campbell, of Civil Service, expressed gratification over this plan and remarked that it would greatly simplify and facilitate his department's relations with the institutions.

On the subject of service record ratings, Dr. MaeCurdy pointed out that directors can quantitatively approve the good services of any employee by giving him a satisfactory record rating; while, on the other hand, increments may be withheld when an employee fails to receive a satisfactory service rating. Because promotion examinations also depend on service record ratings, the directors were urged to give greater personal attention to such ratings and to make objective, fair estimations, particularly in the case of key individuals. They were also cautioned to guard against leniency in instances where employees should be discharged and not simply allowed to resign, so as to prevent by discharge an undesirable employee from getting on an eligible list for reappointment.

Dr. MacCurdy reported that recommendations had been made to the Director of the Budget for better salary allocations and more flexible classifications for medical personnel with a view to attracting competent physicians and improving the medical services. He said the matter was still under discussion and legislation might be necessary to make some of the proposed changes looking to further liberalization of the provisions.

The directors were advised to renew their declarations of essentiality, where necessary, for members of medical and dental staffs whose status might be called into question by the Procurement and Assignment Office. By so doing, the institutions can best guard against the possibility of losing indispensable personnel.

The policy of excusing certain employees from taking one meal at the institution required further discussion, Dr. MaeCurdy said, but during the interim the instructions contained in Circular No. 4544 still applied, with the proviso, however, that they did not affect old employees with whom implied contracts have been made. The directors were to use their own discretion in individual instances, bearing in mind that the rule applied primarily to those who had ready access to dining rooms and kitchen.

The matter of adjustment in maintenance values in the case of employees whose positions have been transferred from rural areas to urban areas, and vice versa, was touched upon, without conclusive discussion.

REPORT OF THE COMMITTEE ON NURSING

Dr. Corcoran presented the following report of the Committee on Nursing for the chairman, Dr. Pritchard, who was absent on account of illness:

The Committee on Nursing met December 14. The chairman, Dr. Pritchard, being unavoidably absent, Mrs. Warren, principal of the St. Lawrence school, attended.

The committee considered the Labor Law in Chapter 228, Laws of 1942, relating to the 18-year age restriction and recommends that the Department consider the advisability of amending this law so that acceptable students under 18 years of age may be admitted to our schools.

A letter was received from one of the directors referring to the absence of space for date on the diplomas issued to the nurses graduating from our schools.

The committee recommends that such space be provided and that the last line on the diploma, reading "perform the duties of a nurse," be followed with space where the date of issue of each diploma may be written in.

Cadet Nurses: Letters have been received from directors and from the government. The government expects us to accelerate our efforts in recruiting more students. The directors ask about fiscal matters, vacation time, etc.

No action was taken on these matters but the committee feels it would be helpful if the financial policy applying to the cadet nurses could be defined and put into effect. The committee was informed that in some of the schools the students who joined the cadet corps are becoming quite uneasy.

At a meeting of the principals of the schools of nursing held at Rochester on November 4, eight suggestions or recommendations were submitted and have since been forwarded to the committee for consideration. Following are the suggestions and the action of the committee in each instance:

Suggestion 1. That the principals of the schools of nursing be allowed to set up yearly budgets for the schools.

The committee approved this suggestion. The committee feels that the schools should prepare and submit a detailed report of their anticipated needs annually for the next fiscal year:

Suggestion 2. That the schools of nursing should have adequate stenographic and clerical service.

The committee approves this suggestion.

Suggestion 3. That samples of changes in records and forms and attendant schedules of classes be sent to principals when changes are made relative to schools.

The committee approves this suggestion. The committee feels that schools should have the information referred to in order to function.

Suggestion 4. That students and affiliates be not required to do more than one shift of duty in 24 hours.

The committee approves this suggestion insofar as it conforms with the law—emergencies must be met.

Suggestion 5. That the Department send a summary in reference to the course of instruction to be given the incoming attendant, with information in reference as to when the attendant can start the practical nurse course.

All that is contained in this suggestion is now under consideration by the Department.

Suggestion 6. That the new director of nursing service to be established in the Department of Mental Hygiene should have a practical working knowledge of psychiatry in mental hospitals and be familiar with the problems of schools of nursing within New York State hospitals.

All that is contained in this suggestion is now being considered by the Department.

Suggestion 7. That the former title "principal of the training school for nurses" be changed to "director of school of nursing" or of "nursing service" or something of the kind and to have the authority as well as the responsibility that the title implies.

The committee gave consideration to the numerous titles that had been suggested and in order that the title may not be too long and at the same time all inclusive, it suggests "superintendent of nurses" and it further recommends that the position hold the responsibilities of nursing service as well as nursing education.

Suggestion 8. That the present title of "chief supervising nurse" be changed to "assistant director of nursing service" with comparable salary and qualifications to that of "assistant director, school of nursing."

The committee recommends that the chief supervising nurse become part of the school faculty under the direction of the school office, so that nursing principles, techniques and practices as taught in the school will carry through to the nursing care of patients on the ward with no division of responsibility.

The training of practical nurses: The committee recently received a letter from the Department relative to filing application and to the setting up of schools for practical nurse training. This letter contained information such as is asked for on the first three pages of the application. The letter further requested recommendations for the Commissioner's consideration which he could subsequently amend or adopt for use in the various institutions.

The information called for on pages 4, 5 and 6 of the application relates to class room instruction, subjects, hours, etc., practical work required, faculty,

admission of and regulation of pupils in the school. This information has been filled in on the application form for the Commissioner's consideration. (Application form given to the Commissioner at the Conference.)

In regard to that portion of information required which relates to the physical setup of the school, the faculty and cost of equipment: The plan for this has been based on what is actually in use in the Central School for Practical Nursing, Welfare Island, Department of Hospitals, New York City. The central school is set up for 50 students to a class; the school for our Department is set up for 20 students to a class, which is the minimum. The requirements of the central school are recorded on each left-hand page of the folder which was submitted to the Commissioner at the Conference. Similar requirements for a school in our Department are enumerated section by section, item by item, on each right-hand page of the folder, with the estimated cost in each section and for each item required. The estimated cost for our school is equipment and alterations \$2,392.75; yearly personnel cost \$10,150; a total of \$12,542.75. These expenditures will vary somewhat in different hospitals, depending upon the facilities already existing and to what extent alterations would have to be made. There will also be some variation as to the number of additional instructors that would be required, depending upon what their present setups are.

The committee also considered the possibility that arrangements could be made whereby much of the clinical experience or affiliation required of the practical nurses in general hospitals could be provided in our own hospitals; and in addition, psychiatry might be substituted for some of the affiliating subjects required.

DAVID CORCORAN, M. D.,
For the Committee on Nursing.

There followed a discussion of requirements for the establishment of training schools for practical nurses, as laid down by the Department of Education, and pointers were given on the filling out of the necessary applications giving that department information as to facilities, personnel, curriculum, and other items. Provisions for refresher courses for practical nurses were also discussed. The committee's report on problems of nursing and nursing education, Dr. MacCurdy pointed out, contained important departures that would require further study and discussion, and he announced that a special committee would be appointed for this purpose.

Discussing again the question of receiving nursing students under the age of 18, touched on at the previous Conference, Dr. MacCurdy took up the suggestion, advanced by the Education Department, that three or four

regional preclinical schools be set up, to which girls under this minimum age could be admitted, and which would also strengthen the preparation of nursing students in general. The proposal was referred to the Committee on Nursing for further study. Attention was also called again to the fact that during the under-age period such students might properly do all their ward work on employees' sick bays.

HOME AND COMMUNITY CARE

The following report of the Committee on Home and Community care was read by the chairman, Dr. Wearne:

REPORT OF PROGRESS IN FAMILY CARE

Since the last report of this committee to the Quarterly Conference, the number of patients in family care has increased from 1,148 mentally-ill patients to 1,201, and from 562 in State schools to 568. This increase is encouraging, because few new homes are available at the present time, and we are losing some homes because of illness in the families and dislocations caused by the war.

Family care for the first seven months of the present fiscal year cost \$323,611.45, or an average cost of \$6.06 per week per patient. That the average cost per patient is lower than the amount generally paid for his care, is due to the fact that reimbursing patients are placed in family care, as most of the institutions are paying as much as \$7.50 per week and some are paying the maximum rate.

For over two years the Newark State School has maintained 7 per cent of its population (exclusive of paroles) in family care. If these patients were returned to the school now; instead of having its present 26.6 per cent of overcrowding, there would be an overcrowding of 38 per cent. The percentage of population of all State Schools (exclusive of paroles) in family care is 2.2. In State hospitals it is 1.4.

The following gives the number of patients paroled from family care from April 1, 1943 to November 1, 1943:

Letchworth Village	4	Manhattan	1
Newark	4	Marey	14
Wassaic	1	Middletown	5
Binghamton	9	Pilgrim	10
Central Islip	33	Rochester	7
Gowanda	8	Rockland	10
Harlem Valley	4	St. Lawrence	3
Hudson River	10	Utica	11
Kings Park	4		

The total number paroled from all institutions is 138.

To some extent, this list of paroles reflects the therapeutic use of family care in the institutions, although many patients for whom the prognosis is guarded have responded to community living sufficiently to be paroled.

The following difficulties still evident are impeding the family-care program:

1. Lack of sufficient physicians to give the needed time for the selection of patients for family care.
2. Lack of adequate social service staff and transportation facilities to carry out the necessary supervision.
3. The need of the institution for the help any patient can render in the maintenance of the institution.
4. At the present time there are fewer homes desiring patients, so it requires more effort to find them.

A meeting of the committee on Home and Community Care of Institution Patients has been arranged to be held in the social room at the Psychiatric Institute at 11 a. m. Wednesday, December 15, 1943.

R. G. WEARNE, M. D.,
*Chairman, Committee on Home and
Community Care of Institution Patients*

PATIENTS' FUNDS

The Commissioner reported that control of the interest from patients' funds will pass from the directors of the hospitals to the State Comptroller on July 1, 1944. Efforts will be made to amend the law in this regard, to enable the Department to appropriate these funds for its own specific purposes, but this is a matter for the future. Meantime, it was suggested that such funds as are on hand be expended before July 1 for purposes proper to the interests of the patients generally.

COMMITTEE ON LAW AND RULES AND REGULATIONS

Dr. Storrs presented a report for the committee previously appointed to recommend changes in the "Handbook" of the Department. The Commissioner suggested that the report be circulated among the directors for their consideration and returned to the central office with further recommendations. (At time of going to press, it was not ready for publication.)

RESOLUTIONS

Resolutions on the retirements of Dr. William T. Shanahan and Dr. William W. Wright (pages 60 and 62) were presented, respectively, by Dr. Van de Mark and Dr. Merriman.

ADJOURNMENT

The Conference adjourned to dinner at the Hotel Commodore. Dr. Louis Casamajor, professor of clinical neurology, College of Physicians and Surgeons, Columbia University, was guest speaker.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD FROM JULY 1 TO DECEMBER 31, 1943

**NEW INSTITUTION FEATURES, ADMINISTRATION, CONSTRUCTION, MAJOR IMPROVEMENTS, OCCUPANCY OF
NEW BUILDINGS, ETC.**

STATE HOSPITALS

BROOKLYN

Work on the new five-family staff house has continued. The building is nearing completion and will be ready for occupancy in the immediate future.

CENTRAL ISLIP

Construction of the new infirmary building, No. 95, for 600 patients, including sanitary, heating, electric and connecting tunnels, has been advanced to approximately 85 per cent of completion.

Fifteen acres of woodland along Carleton Avenue have been cleared and will be available for cultivation for the 1944 season.

HARLEM VALLEY

A new grain house and a pen were built at the piggery by the hospital's maintenance force.

KINGS PARK

Work on the new horse barn and implement storage shed has been completed.

Building No. 25, an old wooden structure known as the "Annex," has been razed.

MANHATTAN

The work for certain phases of hospital reconstruction under contracts and special fund estimates has been progressing. The third story of the main building has been entirely removed, and its replacement by a parapet-type roof is about completed. In addition, the painting of the exteriors and interiors of many buildings continued, along with other structural improvements. In the power plant, some new equipment was installed, including a boiler feed water heater and a stoker. Improvements in reference to sanitation as recommended by the New York City Health Department have been made whenever there was equipment available.

MARCY

A new dining room has been constructed in F building in the right wing, lower floor, to facilitate a redistribution of patients and thus relieve the overerowded condition on the disturbed and infirmary wards of the female service.

MIDDLETOWN

A 10-ton tile silo has been constracted at Comfort Farm.

A three-story concrete and steel porch has been erected on the west group building to replace the old wooden porches. Work was done by the hospital's meehanies.

PILGRIM

On Octobr 6, the water was turned on in the mains from this hospital to Edgewood State Hospital.

One hundred and fifty-nine dead larch trees along the fire line from the hospital nursery, were replaced.

ROCHESTER

Money has been appropriated to the extent of \$10,000 for removal and replacement of the old mansard roof on the Monroe group, but the result of bids showed there were not sufficient funds to carry out the work.

ST. LAWRENCE

The nurses' wing at Flower building, formerly occupied by affiliating students, was assigned to the school of nursing as an edueational center. A new classroom and demonstration room have been constracted, and it is expeeted that ultimately further alterations will provide for laboratory and additional classroom needs.

Invernith building, which was used for many years for isolation purposes has been remodeled to provide living accommodations for the princial stationery engineer.

UTICA

At the Walcott infirmary building the medical office has been removed from the ward to the first floor of the annex. The evaeuation of three single rooms, together with that of the adjacent hallway where patients were formerly visited, has resulted in the availability of space for 12 additional beds. This change is currently necessary to accommodate female patients from the South Side service, ward 20 of which had to be turned over to tuberculous patients.

WILLARD

Extensive repairs have been necessary on telephone cables at Willard, due to damage caused by lightning.

Six concrete porches have been built at Pines and Edgemere to replace wooden steps and porches.

STATE SCHOOLS**NEWARK STATE SCHOOL**

A new type of illuminated microscope and two maximum-minimum thermometers have been added to the laboratory equipment upon request of the State Department of Health.

The institution's primary and secondary roads have been resurfaced.

A new smoke house has been constructed by institution personnel.

ROME STATE SCHOOL

On October 31, 1943, a milk pasteurization plant was placed in operation. The institution, including colonies, now uses only pasteurized milk.

A new incinerator plant has been built east of the farm buildings and away from the wards.

Alterations have been completed for a modernized boys' school department in the rooms under the employees' quarters in building U. Six new rooms for scholastic training, a section for manual arts, and one for physical education were provided. Adequate washrooms for both patients and teachers have been installed as part of this project. These school accommodations, with an office for the principal, have been removed from an outmoded 60-year-old school building which was inadequate, both in room and sanitary equipment, for so many children and teachers.

The lawns and grounds in front of the institution have been landscaped, with the removal of unsightly brush and too numerous trees. The removal of the trees along the roadway has eliminated a driving hazard which has caused several wrecks.

Other alterations to the institution include a new tuberculosis hospital which has been reconstructed on the roof of ward building R, making available bed space for approximately 100 tuberculous women patients. Complete toilet and bathing facilities have been set up with installations for cafeteria service, and equipment for the washing and rinsing and sterilization of dishes.

SYRACUSE STATE SCHOOL

A new smoke house is about 15 per cent completed.

A barn which was destroyed by fire on December 10, 1942, at the Amos Colony has been reconstructed. A shed, destroyed by fire in the fall of 1942 at the Amos Colony, has been rebuilt and painted.

The exteriors of the five junior colonies at Fairmount were painted.

CRAIG COLONY

The interior of the Colony horse barn has been rebuilt; a new concrete floor has been placed throughout, as well as new stalls.

The Cherry cottage occupied by male attendants and other male employees was closed on August 3, because of the small number of persons living there.

Because of the Feld-Hamilton Law, alterations are being completed in three staff houses, so that each family living in dual apartments may have its own kitchen.

NOTEWORTHY OCCURRENCES**STATE HOSPITALS****BINGHAMTON**

Fifteen female patients were received by transfer from Middletown State Hospital on July 7.

The hospital participated in test blackouts on August 11 and 30, September 20 and November 29.

On August 31 Dr. Chadwick of the State Department of Health, division of tuberculosis, started the second tuberculosis survey of Binghamton patients and employees.

A reception was given for the entering class of 10 pupil nurses on September 10.

War Bonds, in the amount of \$5,550, were purchased by officers and employees in a drive which ended in September. This was in addition to bonds purchased by payroll deduction.

On October 9, Archie Dawson and Assemblyman Lee B. Mailer of the Moreland Act Commission made a visit to this hospital, which supplemented the two-day visit, September 8 and 9, by the commission investigators, Leighton Arrowsmith, Dr. Percy L. Smith and Miss Mayme Porter.

About 100 appeals were heard on November 3 and 4 during a two-day visit by members of the classification board of the Department of Civil Service.

Miss Martha Pitel has been engaged as a science teacher in the nurses' training school. She is a graduate of Wilson Memorial Hospital training school and has completed a summer course at New York University.

The usual turkey dinner was served on Thanksgiving day to patients, as well as officers and employees.

In addition to the annual Christmas entertainment in the assembly hall, there were eight parties for patients in different buildings. A party was given in ward 41, Broadmoor, for ex-service patients, under the auspices of the American Legion Auxiliary of Post 80 of Binghamton, under the supervision of Mrs. Helen Van Why. A Christmas party was given in Hecox Hall, December 20, for the student nurses and affiliates. A turkey dinner was served to patients and employees on Christmas.

Through the courtesy of William H. Hecox, president of the board of visitors, 25 ex-service men attended the indoor circus given by the Rotary Club.

Mrs. Matie Hawkins, charge nurse, retired August 9, and Charles Eschbach, head painter, retired August 31, both because of reaching the age limit.

Leon Davis, charge attendant, died on October 16. Mrs. Elizabeth Even- den, charge nurse, died on October 25.

BROOKLYN

Archie O. Dawson, chairman of the Moreland Act Commission, together with his attorney, A. J. Bohlinger, Assemblyman Lee Mailler and Commissioner MacCurdy, visited the hospital and made a thorough inspection. They conferred with President Charles Partridge of the board of visitors, to whom they commented favorably on the appearance of the hospital, its record of achievement and its management. Dr. Christopher G. Parnall, Dr. Percy Smith, L. M. Arrowsmith and Miss Mayme Porter, members of the commission, made a thorough inspection on October 25. On October 1, Miss Josephine Valentine, R. N., inspector of the State Department of Education, and Sister Thomas Francis of St. John's Hospital, representing the Moreland Act Commission, made an inspection of the nursing service.

Commissioner MacCurdy, with members of the city planning commission, visited the hospital on October 27 and conferred with the superintendent and the steward on the purchase of additional land immediately adjacent to the hospital.

Dr. Ernest L. Stebbins, commissioner of health, City of New York, and Dr. William C. Meagher, representatives of the Dawson committee, visited and made an inspection of the institution on November 30.

BUFFALO

On July 8, The Buffalo Neuropsychiatric Society met at Buffalo State Hospital.

On August 23, Dr. Christopher Fletcher, director, entertained the Neuron Club.

Informal graduation exercises were held for the four remaining students of the school of nursing on September 4.

The Quarterly Conference of the State Department of Mental Hygiene was held at the hospital on September 15, 1943. The minutes of the conference are published elsewhere in this issue.

A survey of the hospital was made by L. W. Arrowsmith, Dr. Percy Smith, Miss Mayme Porter and Miss Marie Bertsch of the Moreland Act Commission from September 15 to 18. Miss Arrington, investigating the social service departments of State institutions for the commission, was at the hospital the morning of October 29.

Dr. A. V. Hardy of the United States Public Health Service, and his assistant, Miss Holly, were at the hospital from November 1 to November 20, and worked for the eradication of bacillary dysentery which was reported there.

At the monthly meeting of the board of visitors in October, Dr. Harry H. Ebberts and J. Milford Jennison were reelected president and secretary, respectively.

Miss Vivian B. Barrett, assistant director of the parole and family-care study of the Temporary Commission on State Hospital Problems, visited the hospital on December 2 and 3.

Miss Adeline Krowinski, head nurse in charge of the hospital ward, was appointed assistant principal of the nurses' training school on November 1.

Miss Laura T. Post, a provisional appointee, was appointed assistant social worker on December 15.

Albert Lippke, groundsman, retired on November 1, after 10 years of service.

Mrs. Anna M. Healy, charge nurse, died on November 2, following a major operation.

CENTRAL ISLIP

Central Islip has been notified by the State Insurance Fund that it won first place in the accident prevention contest of 1942 which was run by that department.

Fifteen female students entered the school of nursing class which opened September 1.

Three students from Smith College School of Social Work came to the hospital in September to begin a nine months course in psychiatric social work.

An additional general hospital school of nursing, the Israel Zion Hospital of Brooklyn, is now sending its students to affiliate at Central Islip for a 12 weeks course in psychiatric nursing. Seven students from that hospital came September 22 to begin the course. The school of nursing has been approved by the United States Public Health Service for participation in the Student Nurse Cadet Corps. Thus far 47 persons have applied to become members of the corps.

Many classification appeals were filed by employees placed in lower grades, and hearings were given from November 15 to November 20 by the classification board members who came to the hospital for such purpose.

The Practical Nurses' Association of New York State is offering a refresher course to practical nurses. The facilities of this hospital have been offered and accepted as a place in Suffolk County to give these courses. The association requires that anyone taking this course be licensed in New York State as a practical nurse.

Twenty-five female patients were received by transfer from Brooklyn State Hospital on November 16.

Graduation exercises for the hospital's third group of volunteer nurses' aides were held December 3 in Robbins Hall. The aides have been most faithful and cooperative; and since March, when the first group completed formal classes, they have given 4,026 hours of volunteer service to the hospital.

The following employees have left the hospital during the last six months to enter military service: James McPeak, Peter Laspina, Charles McNiece, Christopher Francis, Desmond O'Connell, Leo McGeady, Donald Reid, Martin McDonough, Frank Platt, Arthur Marsh, Anna Hutnick and Cecile L. Crotty.

Letitia Schick, supervising nurse, retired on December 1.

Anne Marie Lee and Eunice Vassar were appointed assistant social workers, and Audrey Morris, social worker.

Resignations during the period were: Anne Marie Lee, assistant social worker; Magda Reuter, supervisor; Helen Scott, chef; Dorothy M. Bermant, assistant social worker; Dolores I. Edell, assistant social worker; and Mildred V. Evans, assistant social worker.

Deaths were Joseph Crochire, fireman, September 10; John Griffin, attendant, November 3; and Frank Schumack, attendant, November 21.

CREEDMOOR

The attendants' dining rooms of buildings "L" and "M" were closed July 5. These employees are now served from the "R" cafeteria. The nurses' cafeteria in building "N" was also closed at that time, and they are now served in the clerks' dining room of building "E." This dining room was changed over to a cafeteria, September 22.

On September 16, Creedmoor's certified capacity was changed to 1,558 male, 2,584 female, total 4,142.

Employee homes "C," "K," and "W" were closed in the interest of economy of operation, and occupants were moved to vacancies in other employee buildings during October.

Director Harry A. LaBurt, M. D., has been elected vice commander of the Wyman Bremeline Thorpe Post of the American Legion.

Relative to amoebic dysentery cases, from July to the end of the calendar year, a total of nine patients was found to be infested with Entamoeba histolytica. Two of these were asymptomatic carriers. Three cases were mild; and, of these, two had had previous attacks—one in September, 1942, and the other in November, 1942. The remaining four cases were severe. All were vigorously treated and made good recoveries. The search for additional cases and carriers continues.

GOWANDA

A regular meeting of the Buffalo Neuropsychiatric Society was held at Gowanda on September 18.

William H. Andres, the oldest employee in point of service at the hospital, died on November 4. Mr. Andres entered the service on the day the hospital received its first patients, August 9, 1898, and since 1926 had held the position of chief engineer.

Miss Helena Halpern of Orangeburg, was appointed pharmacist on November 29. Miss Halpern had held the position of assistant pharmacist at Rockland State Hospital.

HARLEM VALLEY

The Dutchess County Medical Society held its first fall meeting at Harlem Valley State Hospital. Golf was played during the afternoon, followed by dinner and a meeting of the society.

The office of civilian protection has had permission to store material at the hospital for the duration. It consists of 2,700 beds, including 650 Gatch beds, mattresses and some dried blood plasma.

Mrs. Madeline Winship, occupational therapist, resigned July 8; Mrs. Elizabeth Campbell was appointed occupational therapist, November 29.

Dr. I. M. Rossman, assistant director, was appointed acting director at Harlem Valley on November 1, with the transfer of Dr. LaBurt to Creedmoor.

HUDSON RIVER

Dr. John R. Ross, superintendent, retired on August 1, to assume the superintendency of the State Hospital for Mental Diseases, Howard, R. I. A dinner was given for Dr. and Mrs. Ross by the officers of the hospital on July 24, at which time a piece of silver was presented to them. The Employees' Association presented a bridge set.

Dr. William J. Thompson, senior assistant physician, retired, effective October 1. Dr. and Mrs. Thompson were honored at a dinner on September 18 following a golf tournament on the hospital course. The members of the Golf Club and their friends, and the medical staff of the hospital were present. A war savings bond and stamps were presented to Dr. and Mrs. Thompson.

The Employees' Association and the medical staff presented gifts and a war savings bond and stamps to Dr. William C. Cavanaugh, senior assistant physician, who retired, August 15, after 42 years in the State hospital service.

The annual field day and carnival was held July 3. A large number of patients attended, and many took part in the activities. The usual picnic supper was served.

Beginning in September, the Dutchess County Medical Society resumed monthly meetings on the second Wednesday of each month at the Hudson River State Hospital Golf Club. These meetings were well attended, not only by the hospital staff, but also by other members of the society.

Miss Vivian Barrett of the Temporary Commission on State Hospital Problems, visited the hospital on October 25 and 26.

The following employees retired on pension during the past six months: Florette Mighell, nurse, July 1; Anna Senk, assistant cook, July 2; Bertha B. Cole, occupational therapist, July 26; Helen Sullivan, charge nurse, August 16; Carl Weil, shop foreman, September 1; William J. Hawks, electrical engineer assistant, first grade, September 1; Mary A. McMahon, head nurse, October 7; William Walsh, launderer, November 1.

Deaths during the period were: Ada May Moore, attendant, November 4; Karl P. H. Wilson, supervisor, December 21.

Since July 1, the following employees have entered military service: Katherine Smithy, John J. Whalen, Jr., Everett Duryea, Edward J. Lickoma, Charles W. Smith, Robert E. Welch, Charles J. Tompkins, Adolph W. Rzant, Albert Gohl, Bernard J. O'Connell, John F. Finn, Howard M. Leroy, William C. Dunn, and Walter J. Henion.

KINGS PARK

The annual field day exercises were held at Tiffany Field, July 21, and the annual Hallowe'en party at York Hall, October 29.

The annual exhibit and sale of the O. T. department was held at York Hall, November 30, December 1 and 2.

The Suffolk County Medical Society met at the hospital, July 28.

A fourth blood bank was conducted by the American Red Cross on September 7.

The graduating exercises of the school of nursing were at York Hall, October 15. Those who graduated were: Barbara Louise Brown, Irene Florence Ehrle, Mary Eleanor Jackson, Katherine Louise Ritter, Rita Georgiann Utilasky, Germaine York and Mildred Theresa Yuehno.

On December 31, there were 208 members of the hospital personnel in military service.

The reimbursement bureau set up a branch office at the hospital beginning November 1.

Many organizations remembered the patients of the hospital during the Christmas season. Particularly well-taken care of, were the juvenile patients, and the ex-service patients.

Mrs. Frances Butler was appointed occupational therapist, August 16.

Deaths during the period were: Frank Corcoran, painter, July 27; Thomas Haggerty, clerk, August 9; Edward Fitzgerald, attendant, August 26; and Mrs. Ottalee O'Toole, attendant, October 19.

MANHATTAN

Governor Dewey has appointed the following members to the board of visitors: Mrs. Elsie Nicoll Sloane, 48 East 92nd Street, New York City, Dr. Arthur R. Sohval, 1155 Park Avenue, New York City, and Walbridge S. Taft, 14 Wall Street, New York City.

Archie O. Dawson, Lee Mailler and Dr. Christopher G. Parnall visited the hospital on July 30.

Fifteen members enrolled in the nurses' training school when the school resumed its activities this fall.

Weekly picnics were held throughout the summer for the patients instead of the annual field day. At these picnics, a dinner was served; and there were games with prizes. These activities were supervised by the department of occupational therapy and seemed to work out quite satisfactorily.

Joseph Owen, pharmacist, was transferred to Manhattan from Newark State School, October 1.

The following employees entered the military service during the six-month period: John J. Wallace, Lope Galan, Jr., and Thomas Inzeo.

Retirements were Gustav Wolff, pharmacist, and Henry Theilkuhl, head baker, on October 1.

Louise Redie, attendant, died September 4; Nora O'Gorman, kitchen attendant, died September 8; Joseph DeMattia, head cook, died October 12; and William Tracy, chauffeur, died October 14.

MARCY

A group of students from Hartwick College visited the hospital to attend a clinic conducted by Dr. L. Laramour Bryan on July 2.

The hospital was host to the Oneida County Medical Society for its meeting on the evening of July 13, following a dinner in A building. There were about 70 physicians in attendance.

Major Albert V. Hardy of the United States Public Health Service spent approximately two months at the hospital, beginning July 3, supervising treatment and conducting studies in research in connection with an outbreak of dysentery.

Miss Edith M. Lacey, director of the school of nursing, Hartwick College, visited the hospital on August 25, accompanied by her assistant, Miss Ford.

On the evening of September 5, a dinner party was held in the conference room of the administration building in honor of the golden wedding anniversary of Dr. and Mrs. R. H. Hutchings, attended by many old friends and former associates from both the Utica and Marcy State hospitals.

Dr. Percy L. Smith, L. M. Arrowsmith, Miss Mayme Porter and Miss Marie Gertsch, investigators of the Moreland Act Commission, visited the hospital on October 6 and 7.

Miss Vivian Barrett, social worker of the Temporary Commission on State Hospital Problems, visited the hospital on October 18 to make a survey of admission procedures.

On the evening of October 21, a farewell party under the auspices of the Marcy State Hospital Employees' Association was held in the assembly hall in honor of the director, Dr. William W. Wright, and his family.

Dr. Fraser D. Mooney, superintendent of Buffalo General Hospital, and a member of the Moreland Act Commission, visited the hospital on October 26.

Miss Josephine Valentine and Miss Florence Wilson, members of the advisory commission on nursing of the Moreland Act Commission, visited the hospital on November 1 and 2.

Dr. Anne Bourquin and Miss Effie Mae Winger, members of the advisory committee on dietetics of the Moreland Act Commission, visited the hospital on November 17.

Dr. George L. Warner became acting director on November 1.

Several Christmas parties were held for the patients during Christmas week.

Frederick Hugh O. Warner, attendant, has gone on leave of absence for military duty.

Frank Cook, attendant, and John Amo, power plant helper, have returned from military leave.

Henry Hughes, electrical worker, retired September 1.

Walter Howard, special attendant, died August 19, after a long illness.

MIDDLETOWN

Patients' picnics were held Saturday afternoons throughout July and August in the grove on the hospital grounds provided with fireplaces and tables for that purpose. The refreshments this year had to be greatly limited in comparison with former years.

On July 12, representatives of the Middletown Fire Department, in the person of Chief Boseh and the officers of the Monhagen Hose Company, visited the hospital and made a present of a fire truck which had been used for a number of years and which had been replaced by a new one. It is in excellent condition and is much appreciated as an addition to our fire-fighting equipment.

A special showing of the film "Prelude to War" was held for hospital employees on August 4.

On August 5, a fife and drum corps concert was given for the patients. The bands of the Middletown Fife and Drum Corps, the Mount Carmel Boy Scouts and the American Legion, town of Wallkill, participated.

The hospital's patients had free admission to the Orange County Fair as in former years; 456 attended and enjoyed the amusements.

The training school for nurses began classes on September 1, with 12 students in the freshman class. Graduation for the class of 1943 of the training school was held September 8. There were 15 graduates.

During the canning season the following home-grown vegetables were put up by the hospital: 33,548 No. 10 cans of tomatoes; 4,772 No. 2½ cans of tomatoes; 5,752 No. 10 cans of beans. In addition, the hospital transported to the Wallkill Prison surplus corn, from which the prison canned 491 No. 10 cans.

The board of directors of the Middletown Chamber of Commerce invited the officers of the hospital to attend their meeting on October 18. The director and the senior business assistant attended to represent the hospital and to return the visit of the members of the board to the institution made several months previously.

On October 21 the employees held a very successful card party in the amusement hall to raise funds to defray the cost of sending Christmas boxes to employees in military service.

The hospital was visited and inspected by representatives of the Moreland Commission, Dr. Smith, Mr. Arrowsmith and Mr. Wilson, November 3 to 5. Miss Porter, representing the same commission, inspected food service on November 4.

A study of the vascular permeability of the meningeal and choroid plexus blood vessels in patients suffering from meningovascular syphilis, was inaugurated on November 16 by Drs. Lange and Schwimmer of the New York Medical College in cooperation with the medical staff of this hospital. Recent studies with fluorescein have shown it to be a valuable agent in providing information of diagnostic value in disturbances associated with changes in vascular permeability such as in frostbite or in the chronic peripheral vascular diseases. Its use may likewise afford some valuable diagnostic and prognostic data in patients suffering from meningovascular disease, and the study was undertaken with this in mind.

Fred Griffiths, attendant, died August 25; Cameron J. Van Tassell, butcher, August 28; and Raymond Lunney, attendant, September 20.

Nonmedical leaves of absence for military service were granted to: LaVerne Burnett, Willard Barnes, Howard Culver, Bruce Coger, Fred Dowe, Harold Edwards, Paul Perry, Robert Post, Clarence Romer, Harvey G. Reynolds, Clifford Youngman and William Youngman.

PILGRIM

On July 1, Dr. R. F. Binzley, acting first assistant and Fred Kuhlman, transportation agent, left the hospital for a tour through North Carolina and Tennessee in an attempt to procure employees. Dr. W. R. Webster left on July 4 to replace Dr. Binzley who returned home because of illness.

There were transfers from Brooklyn State Hospital to this hospital of 30 male patients on July 9 and 25 female patients on August 3.

Albert Deutsch of the newspaper "P. M." visited the hospital on July 16, and the superintendent spent some time with him relative to the preparation of a series of articles on special phases of hospital work.

On July 16, the Rev. Hugh Graham, having been appointed as a member of the Board of Visitors of Kings Park State Hospital, resigned as Roman Catholic chaplain at this hospital and the Rev. Robert Charpentier was appointed in his place.

On July 30, the first of the U. S. O. army shows was held in the auditorium. A series of these entertainments for the army unit in buildings 81, 82 and 83 have been planned, and the patients and employees of the hospital have the opportunity to attend.

Since June 1, all new admissions to the hospital are being cleared through the Social Service Exchange, 44 East 23rd Street, New York City; the Nassau County Central Index, Court House, Mineola, and the Suffolk County Central Index, 94 Fourth Avenue, Bay Shore.

On August 13, the superintendent spent most of the day with M. Arrowsmith of the Moreland Act Commission in an inspection of the various hospital buildings. These conferences were continued on several other days during the month.

Assemblyman E. T. Barrett visited the hospital on August 28 and saw the shock unit, kitchen, dining rooms and other features of the hospital.

On September 9, Dr. Mario Fuentes of Mexico who is at Bellevue Hospital, on a fellowship from the International Institute of Education to study psychiatric facilities and methods in the United States, came for an inspection of the work done at Pilgrim.

On September 10, word was received at the hospital that Mrs. John Alvarez had resigned from the board of visitors. Mrs. Alvarez had been a member for many years, and her resignation was accepted with regret.

Alfred Dawson and Lee B. Mailler of the Moreland Act Commission came to the hospital and spent most of September 10 visiting various wards and dining rooms.

During September, word was received that the army hospital occupying buildings 81, 82 and 83 is to be known as the Mason General Hospital.

Walter Huston of the Office of Civil Defense, Riverhead, L. I., came to the hospital on September 24 and delivered 24 units of dried blood plasma for use in the civilian defense set-up at this hospital.

On October 5, the civil service ratings under the Feld-Hamilton Bill reclassification were given to each of the employees. Since that time, many have filed appeals on the reclassification; and the superintendent has sent about 150 of these to the Civil Service Department requesting reconsideration.

On October 20 and continuing through October 23, open house was held at the hospital for the high school students in order that they might have an opportunity to see some of the work done here for the purpose of recruiting pupils for the nurses' training school.

The superintendent met with Dr. Frederick MacCurdy, commissioner, Department of Mental Hygiene, Brig. Gen. J. K. Reese in charge of all psychiatry in the British Army, Colonel Hargreaves of the British Army, Colonel Griffin of the Canadian Army, Colonels Thom, Wolser and others from the United States Army on November 6 when they made an inspection of buildings 81, 82 and 83.

Dr. Percy L. Smith, technical adviser in medicine to the commission for investigation of the Department of Mental Hygiene, came to the hospital on November 10 and was in conference with the superintendent for several days relative to hospital administration.

The New York State Conference on Social Work held in New York City on November 17, was attended by the Misses O'Connor, Rutherford, Stickney, Hutchins, Gotham, Morrison and Mrs. Dunning of the social service department. Miss C. Emily Todd, supervisor of social work (psychiatric), attended the sessions on November 18, and Mrs. Dunning attended the sessions on November 19.

A delegation from the Grumman Air Craft factory called on December 2, to offer congratulations on the large amount of work which had been done by the patients sorting rivets to assist in the building of war planes. They also desired to present a war bond to Owen McGough who is in charge of the patients in this department. Mr. McGough has invented a gauge which assists in the more rapid sorting of rivets, and it was for this reason that the bond was presented. The Grumman's airplane newspaper published the story of this presentation and stated that it was the first time a nonemployee of the airplane factory had been so honored.

On December 17, Dr. George E. Reed of the Verdun Protestant Hospital, Montreal, Canada, visited the hospital.

Dr. Frederick Parsons and Dr. A. A. Brill of New York, together with Dr. S. Bernard Wortis of Bellevue Hospital, visited the superintendent on December 29 and spent the afternoon seeing the Mason General Hospital and school.

Appointments during the period were: August 16, Patricia D. Morrison, attendant social worker; August 24, Mrs. Cecelia Osborn, R. N., assistant principal, school of nursing; October 16, Jean Frazer, occupational therapist; and July 1, Mary E. O'Connor, social worker.

Promotions were: September 16, Wenonah Beale, Mrs. Eleanor Whitaker, Leonore Rutherford and Barbara Stickney to assistant social worker.

Resignations were: July 12, Marie Bell, assistant social worker with the Temporary Commission on State Hospital Problems; August 20, Lillis I. Fancher, R. N., assistant principal, school of nursing; October 13, Steven D. Whitaker, occupational therapist; October 13, Mrs. Eleanor Whitaker, assistant social worker (psychiatric); October 16, Jane Cavanaugh, occupational therapist; and December 4, Leonore Rutherford, social worker (psychiatric).

Retirements were: August 26, Lena M. Lee, charge attendant; October 6, Helen Boneker, charge attendant; and December 11, Elizabeth Erthal, ward attendant.

Deaths were: August 24, Lyle Rutherford, ward attendant; September 19, Mary E. Brown, charge attendant; October 7, Henry Terry, ward attendant; October 13, Harry O'Keefe, ward attendant; November 1, Patrick O'Boyle, watchman; and December 25, Frederick Lovatt, Sr., maintenance department.

ROCHESTER

On July 22, it was discovered that Rochester had admitted, a short time before, a case of amoebic dysentery. As far as can be determined, it is the first case ever admitted to this institution. The pathologist was not particularly familiar with the diagnosis but his suspicions were verified at the university laboratory. The infected individual was found to have spent some time in lower Florida; but, because of her mental condition, it was impossible to obtain information as to any previous ailments such as might be expected in a history of this type. The family was unable to give any assistance. She improved promptly under treatment but continued to show positive laboratory findings, with the result that she has to be kept in semi-quarantine.

On October 1, the Feld-Hamilton Career Law became operative and has almost overwhelmed the accounting department and created a great deal of unrest, resentment and confusion throughout the institution. The extra work and confusion came at a time when there were many vacancies throughout the institution. Out of a ward service personnel of approximately 475, there has been an average of over 100 vacancies. This situation has been compensated for to some extent by overtime employment; but there has been considerable sick leave and its consequent reduction in operative employees.

On October 21, by request, Dr. Keill called a meeting of up-State hospital directors at this hospital to review and discuss the general orders of the Department for revision as to policy and procedure in accordance with the directions of the Commissioner.

On November 10, 11 and 12, Battalian Chief Gallaher and Captain Hawley, of the City Fire Department, made their annual inspection of the hospital to determine assets and liabilities from the point of view of fire prevention. This inspection resulted in no recommendations up to the present moment—which would indicate that results of past years have taught the hospital how to avoid the development of unsatisfactory conditions. It has been the recommendation of this group for some years back that fire sprinklers should be installed in all semi-fireproof buildings on all floors where they are now only in the basements and attics.

There has been an unusual number of important visitors, among whom are the group representing the Moreland Act Commission and one representing the Temporary Commission on State Hospital Problems.

Leighton Arrowsmith, Miss Mayme Porter, and Dr. Percy L. Smith, members of the Moreland Act Commission, visited the hospital from September 21 to 23. Miss Winifred Arrington, technical adviser in social work for the same commission, visited the hospital October 17.

Miss Vivian Barrett, assistant social work consultant of the Temporary Commission on State Hospital Problems, visited Rochester on December 29 to 30.

ROCKLAND

On numerous occasions during the past six months U. S. O. and other dances for the benefit of the personnel of Camp Shanks were held in the assembly hall at Rockland.

The hospital participated in a test blackout on the night of August 30.

Several classes of instruction in plane identification have been held for the benefit of observers in the aircraft observation tower.

Miss Winifred W. Arrington of the Temporary Commision on State Hospital Problems, visited the hospital on September 1 to collect data regarding admissions.

Robert P. Rickards, attorney in the reimbursement bureau, visited the hospital September 10 in connection with a plan of reloeating financial agents in the institutions. The Department is planning to have two financial agents and two stenographers permanently stationed at Rockland.

During the latter part of August, all of the employees' items were reclassified in conformity with the Feld-Hamilton Law, and the hospital assisted the budget director in determining maintenance values which are to be used in fixing the salary schedule.

The baseball diamond and two of the tennis courts have been placed at the disposal of the officers and enlisted men of the station complement of Camp Shanks.

On September 24, Dr. A. W. Beck of the New York State Health Preparedness Commission, visited the hospital and left 48 units of dried blood plasma which were loaned to the hospital only for the treatment of casualties resulting from enemy action or for precautionary measures taken against enemy action.

On the afternoon of October 7, Archie O. Dawson, chairman of the Moreland Act Commission, and Assemblyman Lee Mailler visited the hospital.

A committee representing the officers and employees of the hospital and headed by Samuel Cohen, business assistant, canvassed all of the hospital personnel during the War Bond drive with the following results: Amount pledged, \$39,025; number of pledgers, 511; average per pledge, \$75; amount purchased for pledgers, \$15,250; amount purchased through payroll deduction plan, \$8,860; number of pledgers participating in payroll deduction plan, 216.

L. M. Arrowsmith, Mr. Wilson and Dr. Percy L. Smith of the Moreland Act Commission, visited the hospital on November 3 and spent the day looking over the institution. Frederic G. Carnochan, member of the board of visitors, joined the inspection.

Miss M. A. Huston, dietitian at New York State Reconstruction Hospital, Haverstraw, and member of the Moreland Act Commission, spent November 10 at the hospital in conference with Mrs. Johanna Jackson, dietitian. She visited the various institution kitchens.

Under the leadership of Martin W. Neary, supervising occupational therapist, the hospital put on a successful drive for the benefit of the National War Fund. The hospital quota was \$1,000, and the drive netted over \$1,600.

On November 11, Mrs. Norma Zamboni, secretary of the board of visitors, Martin W. Neary, supervising occupational therapist, and the director attended the annual dinner of the National Committee for Mental Hygiene held at the Hotel Roosevelt, New York City.

The annual exhibition and sale of articles made in the occupational therapy classes was held in the employees' lounge on December 1, 2 and 3. Nearly everything was sold, and between \$1,400 and \$1,500 was received.

Dr. Gedeon Eros who has served as pathologist during the absence of Dr. Strutton, has accepted promotion to the position of director of pathological laboratories at Brooklyn State Hospital and was to take up his new duties on January 1. It was planned to detail Dr. George F. Etling, senior physician, to perform the duties of pathologist.

Tallie P. Brasher, attendant, died on August 17.

Since July 1 the following employees have entered military service: Joseph J. Schwarzenberger, Lowell H. Sperbeck, Jimmie E. Alston, Joseph Arno, Claude H. Grace, Willis Lesher, Joseph L. Ciuffo, and Luis E. Folgueras.

ST. LAWRENCE

Ward L. Oliver, M. D., district medical officer of the Health Preparedness Commission, New York State War Council, Albany, and W. J. Conway, assistant deputy director, civilian protection, visited the hospital on July 28, and made a survey of beds that might be made available for civilian use in an emergency.

From August 26 to 30, Leighton M. Arrowsmith, administrative expert, and Miss Mayme Porter, dietitian, representing the Moreland Act Commission, visited and inspected the hospital with particular reference to administrative matters and the production, preparation and service of food.

On September 30, notice was received from the surgeon-general, United States Public Health Service, that the application of the school of nursing at this hospital to enlist cadet nurses had been approved.

Miss Josephine Valentine of the division of nursing, Department of Education, Albany, Miss Effie Taylor of the Yale School of Nursing and Miss Mae Kennedy, division of nursing, New York Cornell Medical Center, representing the commission for investigation of the Department of Mental Hygiene, under the direction of Dr. Christopher Parnall, visited and inspected the hospital on October 30 and 31, with particular reference to nursing care and treatment, personnel of the school of nursing and distribution of nurses.

On October 31, Mrs. Beulah Watson, housekeeper, retired, having reached the age limit.

Alva Henry, gardener, retired after 31 years and 7 months of service, and Thomas Doyle, laundry supervisor, after a service of 22 years and 25 days.

UTICA

Rabbi S. Joshua Kohn, the chaplain who has conducted Jewish services at the hospital, has been commissioned in the United States maritime service; and, during his absence, Rabbi I. David Essrig will be the attending rabbi at the hospital.

A group of technicians appointed by the Moreland Act Commission visited the hospital on October 4 and 5. They were L. M. Arrowsmith, Dr. Percy L. Smith, Miss Mayme T. Porter and Miss Marie B. Bertsch. They inspected Graycroft farm, the wards, shops, the physiotherapy department, laboratory and dining rooms, certain ones taking special assignments. On October 26, Dr. Frazer D. Mooney, also detailed by the Moreland Act Commission, visited the hospital. Miss Winifred W. Arrington, technical adviser in social service for the commission, visited the hospital on November 3 and conferred with the director and the senior social worker. On December 29, Dr. A. C. Silverman and Dr. A. W. Wright were at the hospital, also representing the Moreland Act Commission.

In connection with the visit of Miss Arrington, a meeting was arranged to which the heads of the local social service departments in the county were invited to meet with her. Twenty-one invitations were issued, and all except four organizations were represented. Miss Arrington conducted a round table discussion, and the subject was "What would we like to do for the State hospital patient and what we might do if State hospital staffs and other resources could be extended."

The school of nursing is cooperating with the federal government in the training of students in the cadet nurse corps. Six freshmen and eight junior students have volunteered to take advantage of the government's subsidies in this training.

The hearing of appeals of employees under the Feld-Hamilton classification was conducted at this hospital on December 8 to 10 by J. Earl Kelly, director of classification of the Civil Service Department. Approximately 70 employees were interviewed.

On December 30, a certificate was received from the United States Office of Civilian Defense designating the Utica State Hospital as an Emergency Base Hospital for Civilian Defense.

During this six-month period, leave of absence for military service was granted to Joseph Lee.

Lawrence Myers, gardener, retired on July 31.

Neva T. Bisneau, attendant, died on July 31 and Paul E. Quaif, barber, died on December 6.

WILLARD

The State Department of Education reported July 23, on examinations for licensing as registered professional nurses for 1942, which showed that Willard had no failures among those who took the examinations. In November, the six nurses who took the State Board Examinations in October were notified that all had been successful. One nurse who had not completed her full three years in time to compete in the October examinations will apply for admission to the January examinations.

Lightning struck twice during July. Four trees and the chimney of the main kitchen were damaged.

On August 25, it was reported that four patients on an untidy ward at Maples showed evidence of dysentery. Specimens were sent to the State Department of Health Laboratory and to the hospital laboratory and the office of the District State Health Officer at Geneva was notified. Recommendations were made by Dr. Griswold, the major part of which had already been effected. Reports from the Department of Health showed that one patient had evidence of dysentery bacillus; all recovered and there have been no additional cases.

On August 30, a mobile blood unit under the American Red Cross of Rochester came to the hospital; 125 applications were accepted and eight rejected. On December 6, employees of this hospital attended the blood bank in Seneca Falls.

The Seneca County Medical Society met at the hospital on October 14. Following a business meeting in the forenoon and luncheon, the members left to attend a scientific session at the United States Naval Hospital at Sampson.

Retirements during the period were: Maude Sincebaugh, Frank L. Dean, William P. White, Mary T. Taylor and Hattie M. Howell.

Leaves for military service were granted to Mary E. Bonnell, Wilfrid M. Cotter, Kenneth R. Favreau and Webb W. Rankin.

William H. McArdle, attendant, died on December 10.

PSYCHIATRIC INSTITUTE AND HOSPITAL

On December 15, the Quarterly Conference of the Department of Mental Hygiene was held in the Psychiatric Institute. The program included a "Review of the Year's Work of the Psychiatric Institute" presented by Dr. Lewis, director of the Institute.

The American Board of Psychiatry and Neurology again held examinations at the Institute on December 15 and 16.

Appointments during the six months were: Rosalind Bricks, psychiatric social worker, July 16; Shirley S. Thompson, psychiatric social worker (temporary), September 15; Christine E. Nielsen, director of nursing (temporary), August 1; and Ruth Butler, occupational therapist (temporary), August 17.

Mary E. Parrish, occupational therapist, went on leave of absence for military service on August 3. She returned October 4.

Resignations were: Esther Freudenthal, psychiatric social worker, July 8; Minna Field, psychiatric social worker, August 20; Florence E. Newell, director of nursing, July 31; Christine E. Nielsen, director of nursing, December 16; Ruth Butler, occupational therapist, October 3; and Rebecca Adams, occupational therapist, November 10.

Caroline B. Watts, housekeeper, died on November 25.

SYRACUSE PSYCHOPATHIC HOSPITAL

Miss Frances M. Nicoll, senior occupational therapist, went on active duty with the WAVES on August 22. Miss Albertina LaRocque went on active duty with the army nurse corps on September 10.

Since September 30, the hospital has been visited by various members of the commission for the investigation of the Department of Mental Hygiene.

A new electric shock therapy apparatus has been installed, and active shock therapy was instituted in November.

*STATE SCHOOLS**LETCHWORTH VILLAGE*

The Letchworth Village canning factory had a very successful season, canning over 34,000 gallons of string beans, 41,000 gallons of tomatoes and large quantities of other vegetables and fruits. In addition, 148 barrels of sauerkraut have been stored in the factory.

The Most Rev. Stephen J. Donahue, D. D., auxiliary bishop of New York, administered the sacrament of confirmation to 208 children (118 male, 90 female) on the afternoon of October 7. This was under the general direction of the Rev. Emmett F. Rogers, Tomkins Cove, Catholic chaplain of Letchworth Village, who was assisted by the Rev. Joseph Smith of Tomkins Cove and by the Rev. Benedict Lindner, O. S. A., of Cathedral College.

In connection with the Twentieth Annual Women's Exposition of Arts and Industries which was held in Madison Square Garden during the week of November 22, articles made by the children of the industrial classes were exhibited in the section assigned to the New York State Department of Mental Hygiene.

Raymond W. Baumeister, attendant, who entered the army while employed here, died on September 20, of pneumonia in an army hospital.

NEWARK STATE SCHOOL

On July 10, a service flag, in honor of Newark employees in the armed forces, purchased by the Employees' Association of the school, was placed in the reception room of the west dormitory building.

The second annual "Play Day" was held at Parsons Field on August 11. Five hundred and twenty girls and boys attended, and 440 participated in the 17 events.

Boy Scout Troop No. 147 had its annual camping period at Camp Hubbell from August 22 to 28. The scout cabin was repaired, and the swimming pool completed, enabling four scouts to pass the first class swimming requirement.

An outbreak of 23 cases of scarlet fever occurred from September through November. The disease was mild, and there were no complications or deaths.

The following employees, who have been in the armed forces, returned to duty, having been honorably discharged for physical disability or as over the age of 38 years: J. Fletcher Elliott, Ralph Quay, Earl Lane, Harold E. Oehs and Francis E. Fitch.

Various members of the commission for the investigation of the Department of Mental Hygiene, or of the advisory committees to the same, visited and inspected the school, namely, Leighton M. Arrowsmith, Dr. Percy L. Smith, Miss Mayme Porter and Miss Anna Boetsch, September 23 to 25; Chairman Archie O. Dawson, Lee Mailer and Miss Evelyn Alford, November 10; Dr. Fraser D. Mooney, November 16 and Dr. Richard C. A. Jaenike, November 28.

Joseph Owen, pharmacist, was transferred to Manhattan State Hospital, October 1. Morris Colton was appointed pharmacist, December 1.

Miss Elizabeth Hare, R. N., district deputy, New York State American Red Cross, and Mrs. Ralph Smith, R. N., Newark, N. Y., visited the school September 29 to ascertain the needs of the institution for additional doctors, nurses and nurses' aides, in relation to using the boys' hospital building as an emergency base hospital, in event of civilian casualties.

During the third war bond drive in September, 104 officers and employees pledged \$5,100.

Dr. George Weber and Dr. Julius Katz, with their technicians, of the tuberculosis division of the State Department of Health, were at the institution from October 18 to 21, making a tuberculosis checkup of patients and employees.

On October 21, 32 girls and 18 boys of the Catholic faith were confirmed by Bishop Kearney of Rochester, assisted by Fathers Ganey and Gefell, Newark; Father Napier, Shortsville, and Father O'Brien, Clifton Springs.

An appeal board from the Department of Civil Service was at the school from October 25 to 27, and reviewed, with the employee personnel, between 55 and 60 appeals from the new classification of positions.

Mrs. Lois M. Eller, institution teacher, in charge of the speech correction department, resigned October 31, and it was necessary to close this department.

The 4H Club girls celebrated "Achievement Night" on November 17. Merle Cunningham, chairman of the 4H Clubs of Wayne County, presented many badges and certificates of award for excellent service.

On December 6, 7 and 8, the girls and boys of the academic department presented a play, "Santa Claus and Company."

Leaves of absence for military service in the last six months were granted to Teresa Martin, WACS, and Emma D'Amato, R. N., WAVES.

Mrs. Cora F. Jewell, housekeeper, retired October 4, and James G. Jones, attendant, retired October 22.

ROME STATE SCHOOL

The tuberculosis survey was completed during the last six months of the current year and arrangements made to continue the survey and keep it up to date by X-ray examinations and other diagnostic means. This survey has brought many cases of tuberculosis to light, and the institution is now in a much better condition with reference to the tuberculous patients included in its population.

The school has withdrawn from four farm colonies in the past six months. It has been felt that the colony system must be capable of expansion and contraction, according to the needs of the changing institution population. At the end of the period, it was possible to keep all colony beds full, thus making an important saving in maintenance needs through the better utilization of colony facilities. A survey of sanitary conditions in the colonies was made in cooperation with the district office of the State Department of Health. Extensive repairs were made to water supply and sewage disposal systems in several of the farm colonies.

Various representatives of the Moreland Act Commission have visited the institution during the past several months.

ROME STATE SCHOOL

Drs. Theodore Baum, Edward D. Dake and Ward W. Millias have acted as psychiatrists for the draft induction board in Utica during the past six months.

Dr. Baum has been examining physician for the local draft board throughout this period.

Drs. Millias and Dake have served as members of Medical Advisory Board, No. 37.

Lyle J. Bentley, attendant, died July 10; Peter Smith, a former employee, died September 13; Walter E. Dalton, employee, died November 14; and Charles O. Klotz, attendant, died November 28.

SYRACUSE STATE SCHOOL

Three members of the Moreland Act Commission, Leighton M. Arrowsmith, Dr. Percy L. Smith and Miss Mayme T. Porter, visited the school on September 29 and 30. Dr. Anna Bourquin, technical advisor on nutrition to the committee, visited the school on October 22.

On October 28 and 29, members of the classification board of the Department of Civil Service, held hearings on appeals of classifications under the Feld-Hamilton Law.

A girls' colony at 1709 South Geddes Street, Syracuse, was transferred from the Rome State School to the Syracuse State School on November 1.

Miss Winifred Arrington, technical adviser in social work to the Moreland Act Commission, visited the school on November 2, and Miss Josephine Valentine, technical adviser on nursing, visited the school on November 3. On November 9, Chairman Archie O. Dawson and Lee B. Mailer of the commission, were at the school.

On November 29 and 30, the annual Christmas sale by the vocational departments was held. The sale netted over \$1,000, which exceeded any previous year by \$400.

On November 16, Mrs. Ruth L. Harter, assistant social worker, was granted a leave of absence because of illness.

WASSAIC STATE SCHOOL

A class of 34 recognition observers graduated on July 19 after completing a course of lectures in the study of aeroplane identification. On November 4, Lieut. John G. Niemeyer, ground observer officer of the signal corps, awarded wings to 81 employees for faithful air spotting.

Inasmuch as the window guards and wall at R building were completed, T building patients were moved to R on August 18. The dining room in the basement is ready for use but cannot be opened because of the lack of an employee to take charge of it.

In September, 1942, it was necessary to abandon Boy Scout activities when both the scoutmaster and his assistant entered military service. However, in October, 1943, another employee was found who agreed to act as Scout leader, together with two other men to assist him. Preliminary training is now being given to a group of boys preparatory to organizing a Scout troop.

Mrs. Sophie Terwilliger, attendant, died on October 28, and Mrs. Sarah E. Paine, housekeeper, died on December 9.

CRAIG COLONY

A group representing the Moreland Act Commission investigators visited the colony from September 10 to September 14. Dr. Fraser D. Mooney, superintendent of Buffalo City Hospital, and member of the Moreland Act Commission, visited the Colony on October 20. Chairman Archie O. Dawson, accompanied by Assemblyman Mailer, visited the Colony on November 10 and made an inspection.

The graduating exercises of the Colony training school for nurses took place on September 15. There were 11 graduates, nine women and two men.

In October, the Sonyea Community Chest and War Fund raised \$880, despite a personnel shortage of over 35 per cent of the Colony employees.

A minstrel show was presented by the Colonist Club, an organization of male patients, on December 15.

On December 19, the YM-YW Service Club of Rochester gave a party to some of the female patients and presented games and presents to the boys.

Mrs. Charlotte Glenny, a member of the Colony's board of visitors, resigned on August 28, after serving 26 years.

Dr. Glenn J. Doolittle, first assistant physician, was appointed acting director on October 1 after the resignation of Dr. Shanahan.

William P. Biggs, resigned as a member of the board of visitors on October 12, having served on the board for 40 years.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE*

APPOINTMENTS

Assistant Clinical Psychiatrist

Hoch, Dr. Paul, assistant clinical psychiatrist, Psychiatric Institute and Hospital, July 1.

Assistant Physician and Physician (Psychiatry)

Arieti, Dr. Silvano, physician (psychiatry), Pilgrim State Hospital, October 16.

Beach, Dr. Estelle C., physician (psychiatry), Middletown State Homeopathic Hospital, November 5.

Chrzanowski, Dr. Gerhard, physician (psychiatry), Pilgrim State Hospital, October 16.

Fialko, Dr. Abraham, assistant physician, Rockland State Hospital, September 1.

Golbach, Dr. Hilda, assistant physician, Marey State Hospital, September 1.
Goldbach, Dr. Maier, assistant physician, Marey State Hospital, September 1.

Goldstein, Dr. Theodore P., physician (psychiatry), Brooklyn State Hospital, December 1.

Harter, Harry M., assistant physician, Marey State Hospital, September 1.

McSweeney, Dr. Jerome A., physician (psychiatry), Pilgrim State Hospital, October 1.

O'Day, Dr. Sylvester, assistant physician, Rockland State Hospital, August 16.

Shelton, Dr. Henry Z., assistant physician, Rockland State Hospital, September 1.

*Grouping together of the old titles and the new ones in this report of changes in the medical personnel does not imply that they are more than approximate equivalents, since the groupings established by reclassification under the Feld-Hamilton Law do not correspond in every case to the older ones. The method of presentation followed here is chiefly a matter of convenience to compiler and reader; in all cases, the titles used are those reported by the hospitals concerned.

Associate Research Biochemist

Waelsch, Dr. Heinrich B., associate research biochemist, Psychiatric Institute and Hospital, August 1.

Resident Physician

De Gregorio, Dr. Peter J., resident physician (temporary), Creedmoor State Hospital, August 9.

Fox, Dr. Max, resident physician, Brooklyn State Hospital, December 1.

Major, Dr. Stephen, resident physician, Binghamton State Hospital, October 5.

Menkes, Dr. Maximilian, resident physician, Manhattan State Hospital, July 1.

Raez, Dr. Frank, resident physician, Brooklyn State Hospital, December 1.

Rosen, Dr. A. John Nathaniel, resident physician, Brooklyn State Hospital, October 1.

Straschaffski, Dr. Rachel, resident physician, Rockland State Hospital, November 11.

Young, Dr. Nicholas, resident physician, Manhattan State Hospital, November 16.

Resident in Psychiatry

Dakin, Dr. Alice R., resident in psychiatry, Psychiatric Institute and Hospital, August 17.

Darke, Dr. Roy A., resident in psychiatry (United States Public Health Service), Psychiatric Institute and Hospital, July 6.

Kingma, Dr. John G., resident in psychiatry, Psychiatric Institute and Hospital, October 1.

Peare, Dr. Jane E., resident in psychiatry, Psychiatric Institute and Hospital, September 1.

Rubenstein, Dr. Joseph, resident in psychiatry, Psychiatric Institute and Hospital, November 3.

Sohler, Dr. Theodore P., resident in psychiatry, Psychiatric Institute and Hospital, July 1.

Spiegel, Dr. Rose, resident in psychiatry, Psychiatric Institute and Hospital, July 7.

Medical Interne

Boyd, Dr. Harold B., medical interne, Hudson River State Hospital, September 1.

Breuer, Dr. Fritz, medical interne, Rockland State Hospital, August 9.

Campbell, Dr. Malcolm S., medical interne, Binghamton State Hospital, July 7.

Cohen, Dr. Hans H., medical interne, Rockland State Hospital, July 1.

DeRosis, Dr. Louis E., medical interne, Brooklyn State Hospital, July 1.

Ferreri, Dr. Vincent J., medical interne, Brooklyn State Hospital, September 16.

Freund, Dr. Henry, medical interne, Rochester State Hospital, July 1.

Goodman, Dr. Albert A., medical interne, Brooklyn State Hospital, July 16.

Lambkin, Dr. Phillips, medical interne, Rockland State Hospital, July 12.

Matfus, Dr. Josef, medical interne, Central Islip State Hospital, November 16.

Potter, Dr. Harry R., medical interne, Central Islip State Hospital, July 14.

Tunison, Dr. Noble P., medical interne, Pilgrim State Hospital, July 12.

Willner, Dr. Frederic S., medical interne, Central Islip State Hospital, December 1.

Willner, Dr. Gerda P., medical interne, Central Islip State Hospital, December 1.

Senior Research Dentist

Bien, Dr. Saul M., senior research dentist (temporary), Psychiatric Institute and Hospital, December 7.

Dentist

Geraghty, Dr. Thomas P., dentist, Wassaic State School, November 16.

McDonough, Dr. Edward, dentist, Rockland State Hospital, July 1.

Dental Interne

Booth, Dr. J. Everett, dental interne (temporary), Psychiatric Institute and Hospital, July 1.

Talkov, Dr. Leo, dental interne, Pilgrim State Hospital, July 1.

REINSTATEMENTS

Bernstein, Dr. Nathaniel, assistant physician, Brooklyn State Hospital, September 1.
Fialko, Dr. Nathan, senior assistant physician (after retirement), Pilgrim State Hospital, August 21.

PROMOTIONS

Superintendent and Assistant Commissioner

Bigelow, Dr. Newton J. T., from first assistant physician, Pilgrim State Hospital, to superintendent, Edgewood State Hospital, August 16; and to assistant commissioner, September 1.

Acting Medical Inspector

Pense, Dr. Arthur W., from director of clinical psychiatry, Utica State Hospital, to acting medical inspector, October 1.

Assistant Director

Wolfson, Dr. Isaae N., from first assistant physician to assistant director, Manhattan State Hospital, July 1.

Director of Clinical Psychiatry

Terrence, Dr. Christopher F., from senior assistant physician to director of clinical psychiatry, Brooklyn State Hospital, August 27.

*Senior Assistant Physician**

Bernard, Dr. Louis E., from assistant physician to senior assistant physician, Rockland State Hospital, July 1.

Clardy, Dr. Ed Rucker, from assistant physician to senior assistant physician, Rockland State Hospital, July 1.

Daniel, Dr. Bruno, from assistant physician to senior assistant physician (temporary), Manhattan State Hospital, July 16.

Gritsavage, Dr. Clem, from assistant physician to senior assistant physician, Rockland State Hospital, July 1.

Kaplan, Dr. Alex Hillier, from assistant physician to senior assistant physician, Rockland State Hospital, July 1.

*Promotions to fill vacancies of officers on leave for military or naval service are listed as such (where information has been supplied by the hospitals) by the designation "temporary."

Leffel, Dr. Samuel L., from assistant physician to senior assistant physician, Rockland State Hospital, July 1.

Manjoney, Dr. Philip, from assistant physician to senior assistant physician, Central Islip State Hospital, September 1.

Radasso, Dr. Fiorentino A., from assistant physician to senior assistant physician, Rockland State Hospital, July 1.

Schwoerer, Dr. Oscar, from assistant physician to senior assistant physician, Harlem Valley State Hospital, September 16.

Senior Dentist (Associate)

Greenberg, Dr. David, from dentist to senior dentist (associate), Harlem Valley State Hospital, July 1.

ON LEAVE OF ABSENCE

Carson, Dr. William R., senior assistant physician, St. Lawrence State Hospital, October 1.

RETURNED FROM LEAVE OF ABSENCE -

Parker, Dr. C. M., physician (psychiatry), Pilgrim State Hospital, September 23.

ON LEAVE OF ABSENCE FOR MILITARY OR NAVAL SERVICE

Blade, Dr. Werner, physician (temporary), Kings Park State Hospital, November 4.

Cerulli, Dr. Remo R., medical interne, Brooklyn State Hospital, August 31.

Greenberg, Dr. Charles, senior assistant physician, Harlem Valley State Hospital, September 27.

Haines, Dr. Henry H., senior physician (psychiatry), Rochester State Hospital, November 22.

Kaplan, Dr. Alex Hillier, physician (psychiatry), Rockland State Hospital, November 23.

Kwalwasser, Dr. Simon, senior assistant physician, Rockland State Hospital, August 20.

Lambkin, Dr. Phillips, medical interne, Rockland State Hospital, August 20.

O'Connell, Raymond A., senior dentist, Brooklyn State Hospital, November 21.

Rizzolo, Dr. Alfred, senior assistant physician, Harlem Valley State Hospital, October 22.

Shefton, Dr. Henry Z., resident physician, Rockland State Hospital, November 19.

Shesler, Dr. Laurence F., Jr., dental interne, Rockland State Hospital, August 20.

Villara, Joseph J., resident physician, Brooklyn State Hospital, November 30.

TRANSFER

Director

LaBurt, Dr. H. A., from director, Harlem Valley State Hospital, to director, Creedmoor State Hospital, November 1.

RESIGNATIONS

Senior Assistant Physician and Senior Physician (Psychiatry)

Nelson, Dr. Julius L., senior physician (psychiatry), Brooklyn State Hospital, September 30.

Pearce, Dr. Marvin G., senior assistant physician, Pilgrim State Hospital, December 15.

Riemer, Dr. Morris D., senior physician (psychiatry), Brooklyn State Hospital, November 30.

Tillim, Dr. David M., senior physician (psychiatry), Creedmoor State Hospital, December 20.

Wolfson, Dr. Isaac N., senior assistant physician, Hudson River State Hospital, June 30.

Assistant Physician

Constantine, Dr. Olienick, assistant physician (temporary), Kings Park State Hospital, August 24.

Esser, Dr. Kurt, assistant physician, Kings Park State Hospital, September 7.

Resident Physician

Blanchette, Dr. Louis A., resident physician, Hudson River State Hospital, October 24.

Bronner, Dr. Alfred, resident physician (temporary), Creedmoor State Hospital, August 9.

Fleischel, Dr. Maria, resident physician, Pilgrim State Hospital, October 16.

Kalinowsky, Dr. Lothar B., resident physician, Pilgrim State Hospital, November 14.

Maehol, Dr. Gustav, resident physician, Manhattan State Hospital, December 18.

Nussbaum, Dr. Oscar, resident physician (temporary), Creedmoor State Hospital, December 31.

Resident in Psychiatry

Darke, Dr. Roy A., resident in psychiatry (United States Public Health Service), Psychiatric Institute and Hospital, December 31.

Pasamanick, Dr. Benjamin, resident in psychiatry, Psychiatric Institute and Hospital, December 31.

Preston-Brown, Dr. Frances, resident in psychiatry, Psychiatric Institute and Hospital, October 31.

Slaff, Dr. Florence, resident in psychiatry, Psychiatric Institute and Hospital, July 27.

Medical Interne

Berezel, Dr. Nicholas, medical interne, Buffalo State Hospital.

Campbell, Dr. Malcolm S., medical interne, Binghamton State Hospital, August 16.

Dresner, Dr. Albert, medical interne, Brooklyn State Hospital, July 11.

Farney, Dr. Esther, medical interne, Rockland State Hospital, June 30.

Frank, Dr. William G., medical interne, Central Islip State Hospital, November 15.

Kirschenbaum, Dr. David, medical interne, Manhattan State Hospital, September 15.

Potter, Dr. Harry R., medical interne, Central Islip State Hospital, September 30.

Schattner, Dr. Erwin, medical interne, Central Islip State Hospital, July 31.

Senior Dentist

O'Connell, Paul B., senior dentist, Wassaic State School, November 22.

Resident Dentist

McKeon, Dr. Charles J., resident dentist, Brooklyn State Hospital, October 16.

Dental Interne

Booth, Dr. J. Everett, dental interne, Psychiatric Institute and Hospital, December 6.

RETIREMENTS

Superintendent and Director

Ross, Dr. John R., superintendent, Hudson River State Hospital, August 1.

Wright, Dr. William W., director, Marey State Hospital, November 1.

Senior Assistant Physician

Cavanaugh, Dr. William J., senior assistant physician, Hudson River State Hospital, August 15.

Thompson, Dr. William J., senior assistant physician, Hudson River State Hospital, October 1.

SERVICES TERMINATED OTHER THAN BY RESIGNATION OR RETIREMENT

Resident Physician

Lombardino, Dr. Antonino, resident physician (temporary), Creedmoor State Hospital, (service terminated because of illness), November 15.

Medical Interne

Tunison, Dr. Noble, medical interne, Pilgrim State Hospital, July 14.

DEATH

Maxwell, Dr. P. Dickinson, assistant physician, Rome State School, August 21.

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ADMINISTRATIVE OFFICES

STATISTICAL BUREAU

Pollock, Horatio M.: A statistical view of mental disease in later life. In volume, The Psychopathology of Old Age.

Malzberg, Benjamin: The New Statistical System of the Department of Mental Hygiene for the Use of Hospitals for Mental Disease. State Hospitals Press. Utica, N. Y.

The New Statistical System of the Department of Mental Hygiene for the Use of State Schools for Mental Defectives. State Hospitals Press. Utica, N. Y.

The New Statistical System of the Department of Mental Hygiene for the Use of Craig Colony. Craig Colony. Sonyma, N. Y.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

BINGHAMTON

Schutzer, Ulysses: The nervous child. Address at parent-teacher association, Theodore Roosevelt School, Binghamton, November 8.

Young, Reginald J.: Book review, "Psychodiagnostics," by Dr. Herman Rorschach, at Book Review Seminar, Binghamton State Hospital, December 1.

BROOKLYN

Bellinger, Clarence H.: Lecture and clinical demonstration to students from Long Island University and College Summer Service Group, July 17.

Terrence, Christopher F.: Lectures and clinical demonstrations to the following groups on the dates mentioned: class in abnormal psychology from New York University, July 30; students from Wagner Memorial Lutheran College, October 14; psychology club from Brooklyn College, October 22.

Riemer, Morris D.: Lecture and clinical demonstration to students from Brooklyn College, November 26.

Gold, Leonard S.: Lectures and clinical demonstrations to the following groups on the dates mentioned: psychology class from Brooklyn College, July 14; biology club, Manual Training High School, November 6.

Korman, Samuel H.: Lecture to students from psychology club, Brooklyn College, December 30.

Lecture and clinical demonstration to students from New York University, December 17.

BUFFALO

Faver, Harry E.: Emotional stresses in wartime. Before Red Cross aid group, Lockport, September 13.

Development of human behavior. Before Temple Beth Zion collegiate department, October 3.

Problems of psychiatric rejectees. At school of Social Work, University of Buffalo, November 24.

Levin, H. L.: Demonstrations of cases of organic and functional psychoses, illustrating their relationship to educational and social problems. To psychology and sociology classes, University of Buffalo and State Teachers' College, October 6 and 13.

Mental hygiene for minority groups, Buffalo Junior Hadassah, December 6 and 20.

Stell, B. S.: Early signs of personality maladjustment, Gray Ladies, Lockport, July 21.

CENTRAL ISLIP

Rosenberg, Ralph: Adler's contribution to the major psychoses. Lecture, November 17, to the Individual Psychology Association, Carnegie Hall, New York City.

McLaughlin, Dorothy D.: The profession of nursing. Address in recruitment of student nurses, Port Washington and James Madison High Schools, November 16 and November 23.

CREEDMOOR

Moore, Jack: Paper on "Autopsy findings in cases of amoebic dysentery" with description of exhibit of pathological specimens. Before a meeting of the New York State Department of Health, Albany, November 4.

Victor, George: Lecture and clinical demonstration to a group of psychology students from Queens College, December 14.

Taylor, Wayne: Lecture and clinical demonstration to a group of psychology students from Queens College, December 14.

GOWANDA

Bohn, Ralph W.: Psychiatry at war and at home. Before Kiwanis Club, Gowanda, July 8.

New trends in psychiatry. Before Allegany County Medical Society, Friendship, October 28.

Tomlinson, Paul J.: Some new advancements in shock therapy. Before Buffalo Neuropsychiatric Society at Gowanda State Hospital, September 18.

HUDSON RIVER

Grover, Milton M.: Lecture and presentation of cases of mental illness, to a class of students in sociology from Vassar College, November 29.

Wolfson, Leo: Lectures and demonstrations on psychiatry. To senior nurses, Vassar Brothers Hospital, November 5 to December 7.

128 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

KINGS PARK

Wolberg, Lewis R.: Lecture to parent-teacher association, Cold Spring Harbor School on the emotional development of the child, November 12.

MANHATTAN

Travis, John H.: Weekly demonstrations of various psychotic types to the second-year class, Cornell Medical School, from July 30 to October 1.

Wolfson, Isaac N.: Lectures and clinical demonstrations of the organic psychoses to a group of 30 students from the College of the City of New York, August 18.

Member of panel discussion on "Youth Leadership and Participation in Policy Making, Operations and Managements of Group Activities" at the New York State Conference on Social Work at the Hotel Pennsylvania, New York City, November 17.

Lonergan, Michael P.: Lectures and clinical demonstrations of psychiatric cases to a group of 33 students, Fordham University, July 6, 13, 20, 27, August 3, 10, 17, 24, October 5, 12, 19, 26, and November 2, 9, 16, 23 and 30.

Stein, Nobe E.: Weekly demonstrations of various psychotic types to the second-year class, Cornell Medical School, from July 30 to October 1.

Davidson, Gerson M.: Lecture with clinical demonstrations on "Modern Treatment of Psychiatry" to a group of 12 students from the social science department of Sarah Lawrence College, Bronxville, July 16.

Kusch, Ernest: Lecture and clinical demonstrations of abnormal psychology, to students from Hunter College, July 21 and 29.

MARCY

Black, Neil D.: Nervous breakdowns of the 'teen age. Talk at the New York State Conference on Social Work, Regional Conference at Poughkeepsie, June 17.

Insulin and electric shock therapy. Lecture to a group of approximately 50 medical students from Syracuse University, December 4.

Harter, Harry M.: Introductory talk, outlining the purpose of and selecting of patients for shock therapy, given to a group of approximately 50 medical students from Syracuse University, December 4.

Nelson, Ruth B.: Occupational therapy. Talk to the Gray Ladies at Utica Memorial Hospital, November 18.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES 129

MIDDLETOWN

Schmitz, Walter A.: Functions of the hospital. Talk before Men's Club of Webb-Horton Church, Middletown, November 23.

Osborne, Maysie T.: Family care. Talk before Junior League of Middletown, September 2.

PILGRIM

Brussel, James A.: Records, returns and reports. Talk at Station Hospital, Fort Dix, N. J., July 13.

Handling the neuropsychiatric emergency. Lecture to overseas nursing training units, Fort Dix, N. J., July 26, August 10, 24, September 1, October 12, and November 2.

Mental deficiency. Address to the staff, Station Hospital, Fort Dix, N. J.

Psychotherapy in urology. Address before Society for the Advancement of Psychotherapy, New York City, October 29.

ROCHESTER

Van de Mark, John L.: The State hospital and the community. Talk before Kiwanis Club of Rochester, September 7.

Slaght, Kenneth K.: Eight lectures to divinity students on "Psychology and Neuropsychiatry," July and August, 1943.

Twenty-three lectures to junior medical students of the University of Rochester on "Clinical Psychiatry," July 1 to December 1.

The rehabilitation of the discharged neuropsychiatric veteran. Talk to Training School, United States Employment Service, Hotel Rochester, November 19.

ROCKLAND

Carp, Louis (member of board of visitors): Surgery for hernia (rupture). Address over radio station WNYC, November 4.

Miller, Joseph S. A.: The State hospital and the community. Address before members of the Methodist Church, Pearl River, October 20.

Munn, Charlotte: Parents' responsibility in the upbringing of children. Address before the parent-teacher association of Tappan Zee High School, Piermont, October 19.

130 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Some of the common characteristics of patients in a mental hospital and how patients differ from so-called normal people. Paper read before the Ladies Guild, Dutch Reformed Church, Tappan, November 2.

Clardy, Ed Rucker: The part of psychiatry in the war effort. Address before the Suffern Business Men's Association, Suffern, July 12.

Letting a child grow up. Lecture to the parent-teacher association of the Nauraushaum School, Nauraushaum, December 7.

Kaplan, Alex Hillier: The effect of the war on the incidence of nervous and mental diseases. Address before the Rotary Club of Nyack, July 27.

Quadfasel, Fred A.: The paralyzed patient and neurological nursing. Illustrated lecture before the quarterly meeting of District No. 11, New York State Nurses' Association, at Rockland State Hospital, July 16.

ST. LAWRENCE

Feinstein, Samuel: Shock therapy treatment in the State hospital. Talk to members of the Kiwanis Club at Hotel Crescent, Ogdensburg, on July 12.

UTICA

Gosline, Anna J.: Guiding the emotional life of the school child. Address to New York Mills High School Mothers' Club, November 10.

Bink, Edward N.: The shock therapies. Address at the combined meeting of Mohawk Valley Medical Historians and Society of Medical Technologists at State Hospital Laboratory, Utica, November 3.

WILLARD

Keill, Kenneth: Address to Rotary Club at Canandaigua, July 29.

Guthiel, George N.: Mental clinic to students from William Smith and Hobart Colleges, October 5.

Mental clinic to students from Auburn City Hospital, November 17.

Vallee, Clarence A.: Mental clinic to students from Cornell University, August 4.

Mental clinic to students from Hobart College, August 24.

McGreevy, Joan F.: Mental clinic to students from Cornell University, August 4.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES 131

Raffaele, Angelo: Mental clinic to V-12 students from Hobart College, August 31.

Mental clinic to students from William Smith and Hobart Colleges, October 12.

Mental hygiene in adolescence. Address to parent-teacher association at Romulus Central School, November 8.

Clinic in electric shock therapy to student nurses from Auburn City Hospital, November 17.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Lewis, N. D. C.: Graduation address. Post-Graduate School of Psychiatric Nursing, Hartford Retreat, Hartford, Conn., September 8.

Perspectives on mental hygiene of tomorrow. Given at the 34th annual luncheon of the National Committee for Mental Hygiene, Hotel Roosevelt, November 11.

The emotional health needs of the nurse in war time. Given before the New York City League of Nursing Education, New York City, December 1.

Review of the year's work of the Psychiatric Institute. Given before the Quarterly Conference of the Department of Mental Hygiene, at the Psychiatric Institute, New York City, December 15.

Hambrecht, Leona M.: Psychiatric social work. Before Brooklyn City College, Brooklyn, November 17.

Hinsie, Leland E.: Psychological factors involved in senility. Presented at the symposium on senility of the Journal Club of the department of neurology and psychiatry, Post-Graduate Hospital, December 3.

Pacella, Bernard L.: Encephalography. Given before the annual meeting of the New Jersey Fellows of the American Academy of Pediatrics, New York City, October 22.

Organic psychoses simulating dementia praecox. Report of two cases with brain biopsy studies. Before annual meeting of the American Psychiatric Association, Detroit, May 13.

Shock therapy in psychiatry. Before social service departments of Columbia-Presbyterian Medical Center, New York City, November 20.

Clinical demonstrations in psychiatry. Before Psychology Society, College of the City of New York, Psychiatric Institute, December 8.

132 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Principles of psychiatry. Lecture and clinical demonstration before the Caduceus Society of New York University, Psychiatric Institute, December 15.

Roizin, L.: Comparative histopathological and histochemical investigations in the retina and the central nervous system in amaurotic family idiocy (Spielmeyer-Vogt type). (With Givner, I.). Presented before Academy of Medicine, New York City, December 15.

STATE SCHOOLS

ROME STATE SCHOOL

Millias, Ward W.: Thirty years in mental hygiene. Address before the Utica Torch Club, October 18.

Special teaching clinic for class in abnormal psychology, Union College, October 5.

Special teaching clinic for class in abnormal psychology from Colgate College, October 6.

Addressed class in abnormal psychology from Hamilton College and conducted a walking tour of the institution; various phases of mental hygiene problems were discussed, December 4.

Montgomery, Maxwell C.: Conducted a walking clinic through the institution for nurses from Rome Hospital, December 9.

NEWARK STATE SCHOOL

Hubbell, Hiram G.: A talk and demonstration clinic to a group of nurses in training at Keuka College, November 5.

Derby, Irving M.: Lecture on medical and surgical diseases and medical science for Keuka College School of Nursing at hospitals in Geneva, Canandaigua and Clifton Springs, during October, November and December.

Talk on laboratory services in Wayne County, before the Rotary Club, Lyons, November 2.

Hart, Eleanor M.: Talk, Interesting facts about the Newark State School, before the Progress Club, Theresa, November 9.

SYRACUSE STATE SCHOOL

Bickle, E. H.: Lectures on mental defect as applied to pediatrics to a group of undergraduate students of nursing at Syracuse University Hospital, August 21 and 27.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES 133

Bisgrove, S. W.: Lectures on mental deficiency to second-year medical students of Syracuse University, October 7 and 14.

Lectures to groups of student nurses from Syracuse Memorial Hospital and Syraeuse University School of Nursing, November 12, 16 and 29.

CRAIG COLONY

Doolittle, Glenn J.: Talk on epilepsy before the nurses' aid group of Batavia chapter of Red Cross at Batavia High School, November.

EDITORIAL

A VERSATILE MAN RETIRES

It would be difficult to present a better illustration of the dependence of science on statistics than the distinguished career of Horatio Milo Pollock. The physician, with his background of laboratory and clinical experience, realizes better than colleagues in many other branches of science that progress can be—and often must be—made in the absence of the sound bases provided by wide surveys of facts and the summarization of those facts into long columns of figures. The psychiatrist, in whose specialty in particular reliable statistics were unknown a third of a century ago, is in a position to appreciate this truth; today he may observe, for example, the tremendous progress made and still being made in the field of psychoanalysis despite the fact that psychoanalytic statistics are only just beginning to be collected and organized as a basis for future progress.

But the psychiatrist, because of this very background of recently acquired statistics and with the example before him of the present statistical endeavors of the analysts, is also in an unusually strong position to appreciate exactly what importance the contribution of statistics to a science can be. In the case of psychiatry, that contribution has been of overwhelming importance; in the last 30 years, there has been instance after instance—far too many for brief summary—in which statistics have thrown light on psychiatric problems which have been veiled in darkness for generations, or even centuries. In the process of giving that invaluable light, no one man has contributed more than Horatio M. Pollock, Ph.D.

A brief review of the life and achievements of Dr. Pollock and short excerpts from the small volume of tributes given by his friends on the occasion of his retirement appear elsewhere in this issue of *THE PSYCHIATRIC QUARTERLY SUPPLEMENT*, which is hereby dedicated to him with appreciation and affection. In this place, it seems appropriate to set forth, however inadequately, some measure of the high estimation placed on Dr. Pollock by *THE PSYCHIATRIC QUARTERLY* and *THE SUPPLEMENT*. Such expression is particularly due, not only because of the distinction of Dr. Pollock's management of the difficult statistical work of the State hospital system but because, for many years, he was editor of these publications.

Some years after the State disposed of the "American Journal of Insanity" to the American Medico-Psychological Association, it became evident that the largest public mental hospital organization in the United States required its own scientific and administrative periodical publications. Dr.

Pollock thus became the editor of *THE STATE HOSPITAL QUARTERLY*, in 1915, and remained as editor, following its change in name to *THE PSYCHIATRIC QUARTERLY* in 1927, until 1935. Under his editorship, *THE STATE HOSPITAL QUARTERLY* replaced the older *PSYCHIATRIC BULLETIN* of the New York State hospitals as the official scientific publication of the institutions for mental disease, and, with the change of name in 1927, became a strictly scientific journal. *THE SUPPLEMENT*, devoted at first more particularly to administrative matters and to reports of official activities in the Department, became a separate publication, of which Dr. Pollock was editor, at the same time. In its early years, the editorship which Dr. Pollock assumed was a thankless job; the duties involved concerned another scientific discipline than his own; but, as editor, he proved both able and tireless; and the Department's publications gradually gained in authority and professional recognition under his direction.

There is every reason for pride on the part of *THE QUARTERLY* in the belief that the wide contacts with every phase of psychiatry which his editorial work necessitated contributed greatly to Dr. Pollock's active interest in other problems than the statistical. That interest, however stimulated, became so great, in fact, that as Dr. Pollock takes his official farewell of us, we are justified in hailing him in his lifetime as one of the most outstanding figures of modern mental hygiene, a worker who—outside the discipline of psychiatry—has contributed more to modern progress in the care and treatment of the mentally disordered than have many of the recognized leaders within the profession.

Psychiatry has owed debts before to its Tukes, its Dixes, its Schuylers and its Beers—laymen all who contributed vastly from humanitarian motives to the betterment of the conditions surrounding the mentally ill. But it would be difficult to find a precedent for such a contribution from a worker in another scientific discipline as that of Dr. Pollock, a statistician who made the advancement of psychiatry his aim.

As editor, writer, research worker, Horatio M. Pollock has had influence on treatment, care and planning. He was greatly interested in occupational therapy, and the worth of that therapy was very largely demonstrated by his application to that interest of the statistical point of view. He spoke and wrote tirelessly in behalf of the extension of the family-care program. Family care had been employed for centuries in Europe and for nearly half a century in Massachusetts when Dr. Pollock first interested himself in the problem; but development of family-care programs in New York State—

and later in other states from the Atlantic to the Pacific—may really be said to date only from that interest. The volume, "Family Care of Mental Patients," of which Dr. Pollock was editor and coauthor in 1936, is still the only publication on the subject in the English language, and Dr. Pollock is recognized as one of the foremost authorities on family care. If the extensive plans for development of this type of care and therapy which are now under consideration are adopted in actuality in the postwar period, the responsibility will be very largely that of Dr. Pollock—he will have become the father of one of the most important reforms in American psychiatric history.

In his own narrower field of statistics, Dr. Pollock has done most extraordinary service for psychiatry. In the sketch of Dr. Pollock's life in this issue of THE SUPPLEMENT, there is brief reference to the chaos existing in the so-called statistics of the New York State hospitals before he took over the business of direction and reform. Figures from one institution did not compare with those from another—reports supposedly referring to the same mental disorders might, in fact, have been intended by their authors to describe entirely different conditions; there was no standardization of diagnostic or other terms; each hospital head chose from his records those facts to report which he personally considered of greatest interest; it was not only impossible to combine the figures from two or more states and draw valid conclusions; it was impossible to do so with the figures from two or more hospitals in the same state.

Horatio Milo Pollock left the field of teaching to straighten out this situation. With the strong support of the State hospitals' standing Committee on Statistics and Forms, he soon placed New York's reports on a sound basis; it became possible to draw sound conclusions concerning incidence, prognosis and treatment of the various mental states from a great mass of scientific data covering a large number of cases. The results were obviously of such value that New York's statistician was called upon by the army to organize psychiatric reports during the first World War, was later loaned to the state of Illinois to devise a statistical system there, was called upon by the federal government to work on a national census of persons in mental institutions, and finally was made largely responsible by the American Psychiatric Association, the American Association on Mental Deficiency and the National Committee for Mental Hygiene for the formulation of standard nomenclatures and standard reporting systems for mental hospitals and institutions for mental defectives which now form the basis for state and local institution reports all over the country.

It is difficult to evaluate sufficiently the importance of this achievement. We have long since gotten into the habit of taking psychiatric statistics and the conclusions drawn from them for granted. It is difficult for most of us to realize that the man who built this foundation for modern psychiatric science is only now retiring from office. One cannot say definitely that without Dr. Pollock psychiatry would still lack a sound statistical basis; the need for his work was realized when the State called upon him in 1911; another man might have done it; yet the impress of his personality on the results is such that it may be doubted whether another would have done it. And whatever other states might have accomplished—and the records show that most of them were far later than New York in seeking and establishing statistical uniformity—it was New York's, and Pollock's, system which formed the basis of modern nation-wide reporting.

One can only cite briefly an instance or two of what modern psychiatric statistics have meant to the profession. It was the foundation provided by Dr. Pollock's statistics, for example, which made it possible largely to disprove the widely-believed canard that "inferior stock" among recent immigrants was contributing in undue proportion to the numbers of patients in our mental institutions. Or one may consider statistics and prognosis. According to Gregory Zilboorg, Kraepelin himself estimated that about 13 per cent of dementia praecox patients apparently recovered without demonstrable residual defect. Bleuler, objecting to the inference that the syndrome either necessarily came early in life or resulted in terminal dementia substituted the term "schizophrenia" for dementia praecox. Meyer's description of the phenomena as "parergastic reactions" can also be traced in part to similar observations. Yet it seems to have required, not Kraepelin's own admissions nor the objections of such men as Bleuler and Meyer to unwarranted conclusions, but the statistics of Horatio M. Pollock to convince the great majority of psychiatrists that dementia praecox was not "incurable."

Many professional and other honors have come to Dr. Pollock during his long and useful life. He has headed the American Association on Mental Deficiency and has represented both American scientific organizations and his State and his nation abroad at international psychiatric and mental hygiene conferences. Such men as Dr. Pollock do not win or expect newspaper headlines or wide public recognition. Their work is within the narrow limits of professions which the public may regard with little interest or much skepticism. Recognition and appreciation by respected colleagues is the most nearly tangible reward which can come to most of them. Dr. Pollock has such recognition and appreciation in the fullest measure. His stature is already great, and if there are men of discernment among future

historians of psychiatry in our generation, it should become even greater.

With professional achievement and honors, Horatio Milo Pollock has won much in personal devotion and friendship. What his colleagues in and out of office think of him is expressed in the numerous tributes to Dr. Pollock as a friend and a man which appear elsewhere in this issue. He was ever genial, kindly, courteous and considerate. As an instance, he has for years been a fervent prohibitionist without exhibiting even a chemical trace of fanaticism.

It is to all these qualities of scientist, editor, man and friend, that we wish here to add our own tribute.

BOOK REVIEWS

Principles and Practice of Rehabilitation. By JOHN EISELE DAVIS, M. A., Sc.D. Pages xxi and 211. Cloth. A. S. Barnes & Co., Inc. New York. 1943. Price \$3.00.

"The purpose of this contribution is to present a usable psychology of practical rehabilitation . . . In this volume an attempt has been made to study the underlying mechanisms of behavior shown in the various personality types both normal and abnormal as the basis for method and procedure." The author's study of the mechanisms consisted in preparing excerpts from clinical psychiatry textbooks, and in a cursory discussion of certain rules which should be observed in psychotherapy and in play therapy; therapy through constructive work is mentioned only incidentally.

The book contains also a historical survey of educational principles designed to show that advancement in education has been associated with a growing conviction that educational (and rehabilitation) programs should be based on the genuine interests and the "activity impulse" of those to be educated. "The patient must feel that he is doing something worthwhile . . . Emphasis should be placed upon the mood and capacity of the patient rather than upon the exclusive goal of a completed project." Statistical tables show the distribution of various interests of psychiatric patients in bowling, baseball and other games.

The scope of this book is vast, too vast to be covered adequately in a publication of this size. In a deliberate attempt to be clear and simple, the author's presentation has frequently become wordy. The book is uneven in the sense that various topics receive amounts of space which are not proportionate to their significance. There are many historical, sociological and political comments which are not pertinent to the rehabilitation of mental patients. On the other hand, some important problems are insufficiently discussed, e. g., the problem of arousing the patients' interest in play or work, although the author himself states that "the method of reactivation is the crux of the therapeutic problem." The reactivation is conceived merely as an attempt to revive old interests.

The following excerpt illustrates not only the author's way of handling problems but also his style: "One must present a simplified situation, divested, so far as practicable, of a multiplicity of confusing and complicating contributory factors. The therapist, in an endeavor to present a simplified situation, might well study the early play interests of the patient. If he has played baseball in childhood, for example, an initial participation

may be promoted by taking him to the baseball field where others are playing. After he has become oriented to the experience of watching them play, it may be advisable simply to throw the ball to him without comment. He will usually catch it and throw it back. From this beginning upon the sensory level, studious and sustained attention on the part of the therapist may promote a high level of integration, advancing from the physical to the mental, and possibly to social, effort."

The book is essentially a compendium of publications dealing with rehabilitation (many of them appeared in *THE PSYCHIATRIC QUARTERLY*). Davis follows the authors he abstracts rather closely, weakening the unity of his book, and making it repetitive; the same or similar ideas recur frequently although they are clothed in different words or are placed under different headings in different tables or diagrams. The case histories are either descriptions of the patients' achievements in the occupational therapy department without discussion of motivation or are the usual psychiatric summaries, to which the "decision of the adjustment conference" has been appended. E. g., "It was decided to place this man in some factory on an employment training basis to prove his ability to work in his own line, the jewelry trade. If such placement cannot be made, he should be placed at some work of a sedentary nature as soon as possible, affording him the opportunity of manual hand manipulation."

The book is a mixture of a great variety of topics and appears to be too difficult for a layman and too rambling for the professional occupational therapist.

A Handbook of Psychiatry. By P. M. LICHTENSTEIN, M. D., and S. M. SMALL, M. D. 330 pages with index. Cloth. W. W. Norton & Co., Inc. New York. 1943. Price \$3.50.

"A Handbook of Psychiatry" is an excellent introductory volume for the student making first acquaintance with the subject, the general practitioner out of touch with modern developments and methods of treatment, the nurse, the social worker, or the layman who is likely to come into contact with psychiatric cases. Dr. Lichtenstein is medical assistant in charge of psychiatry to the district attorney of New York County; Dr. Small, former instructor of psychiatry at Cornell, is now psychiatrist and assistant medical director of the National Hospital for Speech Disorders; both appear eminently qualified for analysis and presentation of their complex medical specialty to the nonspecialist.

The book opens in eminently sensible fashion with discussion of normal personality functioning, abnormal behavior and a simplified outline for a mental examination. There is a chapter on psychometric tests and one on

mental deficiency, followed by discussions of psychopathic personality, psychoneuroses, war psychoneuroses and psychosomatic medicine. Descriptive material on the major functional and organic psychoses is then followed by a chapter on the general principles of psychiatric therapy, in which the principal emphasis is on care of the patient. The final chapter on therapeutic aids describes objectively—and with little or no discussion of theories or rationale—current methods of treatment ranging from psychoanalysis to prefrontal lobotomy.

Throughout this volume, there is avoidance wherever possible of the use of highly technical terms; and any reasonably well-read adult should be able to understand it and profit by it. It should be useful as a work of reference for the general duty nurse or the mental institution attendant.

A number of texts have appeared recently with the aim of making up for—at least to some extent—the shortage of psychiatrists caused by the war by promoting a wider general understanding of psychiatric principles among general practitioners, nurses, social workers and others. The present volume is one of the best of this type and is to be commended.

Social Work Year Book, 1943. Russell H. Kurtz, editor. 728 pages and index. Seventh issue. Russel Sage Foundation. New York. 1943. Price \$3.25.

This volume, published biennially by the Russell Sage Foundation, is of great value not only to social workers and students of social work but also to practitioners in related fields, both professional and nonprofessional. It is written in encyclopedic form reporting the present standing of "organized activities in social work and in related fields" as the subtitles suggest. The material is arranged in two major divisions. Part I consists of a group of 78 signed articles, each written by an authority in his particular field and covering subjects ranging from the administration of social agencies to youth programs. Part II consists of four directories of agencies, national, state, public and private, whose programs are integral with, or related to, the subject matter of Part I. There is also a very extensive index.

The articles presented here do not concern any particular agencies but rather are descriptive of the broad scope and functions of the various types of agencies as they appeared in 1942. The papers attempt to give a cross section of what was done in the various fields of social work. Each article is followed by an up-to-date bibliography of the subject discussed. In speaking of this bibliography in the preface, the editor says that the "lists comprise a total of 1,222 separate books and pamphlets and 420 magazine articles, constituting it is believed, one of the most up-to-date and extensive social work bibliographies currently published."

In the preface the editor states that the advisory committee discussed the possibility of departing from the usual format of the Year Book and bringing out a special wartime edition, due to the many new developments that the war has brought about in the organization and coordination of services. However, it was decided that as the social problems of wartime are for the most part not new but are rather accentuations of the familiar phenomena with which social agencies deal in peacetime, that it would be a sounder course to report "war developments in a perspective which includes the usual review of historic settings, an account of prewar peacetime operations and an estimate of trends leading into the postwar period." Special articles have been added to cover important new developments resulting from the war such as: "Civilian War Aid," "Community Welfare Planning in Wartime," "Postwar Planning," and "Social Aspects of Selective Service."

Part II, Directory of Agencies, consists of four sections: National Agencies—Governmental; National Agencies—Voluntary; State Agencies—Governmental; and State Agencies—Voluntary. The first list comprises 63 national government organizations whose functions are within, or closely related to, the field of social work. The second list consists of 412 national and international, private or voluntary organizations. The third section comprises 576 governmental state agencies and the fourth, 59 voluntary state agencies, including 53 state welfare conferences and statewide associations of social workers and six statewide organizations of social welfare planning. The sketch of each agency includes the official title, date of founding, business address, name of executive officer, and summary of activities and purpose of the organization and of periodicals published.

This volume is recommended as an excellent reference book to all social workers and all others whose fields of activity come into touch with social work in any of its phases.

Psychology You Can Use. By WILLIAM H. ROBERTS. 246 pages. Cloth. Harcourt, Brace and Company. New York. 1943. Price \$3.00.

As the title indicates, this is a book on psychology for lay readers. The author tells us that psychology is not made up of difficult, complicated laboratory procedures, but is merely the science of behavior. The book is intended to help people to understand themselves better and to overcome some of their handicaps in getting along with their associates and friends. The illustrations are mostly outline drawings which illustrate the text very clearly.

The book is recommended for public libraries and school libraries, as well as for general readers.

Psychiatry in War. By EMILIO MIRA, M. D. 207 pages with appendix and index. Cloth. W. W. Norton & Co., Inc. New York. 1943. Price \$2.75.

"Psychiatry in War," based on the Salmon Memorial Lectures of 1942, is a volume by the former psychiatrist-in-chief of the Spanish Republican army and is primarily of interest to the military psychiatrist—secondarily to the psychiatric nurse, the social worker, to all who come in contact with military psychiatric problems or those of mental hygiene or morale. It is simple, practical and based on bitter first-hand experience; many of the lessons to be learned from it are currently being applied in American military psychiatry; and it is to be recommended to all persons who have to do with that medical specialty.

Note of Dr. Mira's volume in this place, however, is to direct the attention of psychologists in particular to the examination of the author's method of "myokinetic psychodagnosis." This is a brief pencil and paper test which Dr. Mira explains derived from an interest he felt as early as 1935 in the creation of "some device for gaining insight into the skeleton of character through the analysis of the uncontrolled muscular tensions of the individual." The author considers that the examination has reached the point where "we are now in possession of a new principle and technique of research on mental fitness which is especially useful for psychiatrists operating in emergency conditions." Patterns reported in the appendix as having been obtained with the present version of this test indicate that Dr. Mira has been using it for diagnosis in much the same manner as is done with the Rorschach examination. Wide independent experimentation with this new instrument—with a view to further testing of results—would seem to be indicated.

The Psychiatric Novels of Oliver Wendell Holmes. Edited with introduction, abridgement and annotations by Clarence P. Oberndorf, M. D. 268 pages. Cloth. Columbia University Press. New York. 1943. Price \$3.00.

This is a volume of great interest and possibly some practical worth to anybody concerned with the antecedants of modern dynamic psychology. For some years, Dr. Oberndorf has been a student of the works of Oliver Wendell Holmes, whom most of us think of primarily as a great author and secondarily as a distinguished teacher of anatomy and physiology. Dr. Oberndorf has seen in him not only a scientist who anticipated many of the developments of modern psychiatry, but who understood specifically many of the facts upon which a new concept of the psyche and a new method of therapy were later founded by Freud. He has presented evidence, for ex-

ample, that Holmes was fully aware of the existence of the unconscious and of some of its important mechanisms, although he never coordinated his concepts or presented his findings in the form of reports to fellow-scientists.

The present volume is an abridgment with annotations of three little-known Holmes novels, "Elsie Venner," "The Guardian Angel" and "A Mortal Antipathy." Of the three, "Elsie Venner," used to be dreary required reading in university courses on New England literature; the other two have long since been virtually forgotten. Holmes was a brilliant essayist and poet but a dull novelist. Dr. Oberndorf's presentation deletes the duller parts of the novels, summarizes the essential missing portions and annotates the whole production freely from the modern psychoanalytic point of view. Holmes' insight, as thus revealed, is both wide and astonishing. The presentation is well worth reading, both as literature and as a psychological study.

Sex in Marriage. By ERNEST R. GROVES and GLADYS HOAGLAND GROVES. Third edition. Cloth. 224 pages. Emerson Books, Inc. New York. 1943. Price \$2.00.

Two previous editions of this book have met an encouraging reception from the public which indicates that it has real value. It is hardly necessary to repeat what has already been said—that the majority of young people enter into marriage with little comprehension of the significance of the relationship which they are planning to establish.

Most treatises on "how to be happy though married" have to do with such practical subjects as cooking, housekeeping, arranging of flowers on the table, and few of them have the courage to get to the bottom of the difficulties about which psychiatrists are called upon for advice and guidance.

Dr. and Mrs. Groves have contributed several practical books on related subjects and this will take its place as among the most practical and successful.

Convulsive Seizures. How to Deal with Them. A Manual for Patients, Their Families and Friends. By TRACY PUTNAM, M. D. 168 pages. Cloth. J. P. Lippincott Company. 1943. Price \$2.00.

It is refreshing to discover that one with the erudition of Professor Putnam, can, upon occasion, write a book of scientific value in such simple terms that the ordinary interested layman can read it understandingly. This he has accomplished in the book under consideration.

It is directed to the families of the patients afflicted with convulsive seizures rather than to the doctor. The author in his presentation is careful to

avoid the use of the word *epilepsy*, substituting for it the term *seizure*. He points out that the term *epilepsy* has certain disadvantages: has been applied to such a variety of varying conditions that it really has no exact meaning. This is sensible and reflects the modern approach in psychiatry which would try to speak in as exact terms as possible. It is to be regretted that we have not available some more exact term than *seizure*, which harks back, of course, to the old notion of demoniacal possession, but since no educated person now believes in demonology and not many who use the term even remember that it was first used to imply that the victim had been actually seized by an evil spirit, it is perhaps the best term that is now available in psychiatric language.

The book is intended to be a guide to those who have the care of such patients. The usual precautions in the way of what should be done and what should be omitted are presented clearly; and, in addition, there are chapters on subjects of more extended interest, such as the use of proprietary medicine, the question of marriage, and the very much disputed topics of sterilization and heredity. One interesting chapter pertains to electroencephalography, which is described in sufficient detail to inform the nonprofessional reader.

On the whole, the reviewer can commend this book as filling a real want.

Other Publications Received

ANNALS OF THE NEW YORK ACADEMY OF SCIENCES. Vol. XLIV, Arts. 3 and 6, pp. 189-262, 539-624; Vol. XLV, Arts. 1, 2, 3, 4 and 5, pp. 1-48, 49-130, 131-162, 163-178, 179-220. Paper. New York Academy of Sciences. New York. 1943.

Articles 6 and 3 of Volume XLIV of this series are of particular interest to psychiatric workers and physicians, "Psychosomatic Disturbances in Relation to Personnel Selection" and "Parasitic Diseases and American Participation in the War." Article 6 is made up of a series of papers on psychosomatic disturbances presented at a conference on personnel selection by the section of psychology of the Academy in February, 1943. Contributors are Lawrence K. Frank, Donal Sheehan, Harold G. Wolff, M. R. Harrower-Erickson, Gardner Murphy and Lawrence S. Kubie; and the discussions of the papers in which various other authorities on this specialized subject took part is included with the articles.

Psychologists will find of particular interest Dr. Harrower-Erickson's discussion of the Rorschach examination, with particular reference to its use in detecting organic and neurotic disturbances and to application of the group Rorschach. Discussion is by Dr. Ruth L. Monroe. Dr. Kubie's paper is

addressed particularly to the problem of the psychiatric examiner for military service. He declares that, "By conservative estimate, of the admissions to training camps and base hospitals (omitting actual battle casualties), about 60 per cent of army and navy medicine is psychosomatic. Yet not more than 1 to 2 per cent of the medical personnel has even a rudimentary psychiatric training." Addressing himself to the problem of teaching untrained examiners to detect and reject persons liable to this sort of breakdown, Dr. Kubie presents questionnaires designed to show the susceptible through the history-taking method. The questionnaires are intended to bring out evidence of the borderline "psychosomatic" disorders, as well as of the common psychiatric conditions—Da. Costa's syndrome, somnambulistic phenomena and gastro-intestinal upsets for example.

Article 3 of Volume XLIV on parasitic diseases is a series of short papers by leading authorities on disorders already met with by members of the American military and naval forces and those which are likely to become medical and public health problems by reason of demobilization after the war.

Of the five articles of Volume XLV, one on the social organization of the laughing gull is of particular interest to psychologists. The others are reports on subjects ranging from biology and zoology to astronomy.

SOVIET HEALTH CARE IN PEACE AND WAR. By Rose Maurer. 48 pages. Paper. American Russian Institute for Cultural Relations with the Soviet Union, Inc. New York. 1943. Price 10 cents.

This is one of a number of studies designed to promote greater understanding among Americans of the conduct of life and war and the progress of science under Russian Communism. Whatever one's past bias, it has been more and more appreciated in recent years that Russian psychiatry has made progress comparable to that of western Europe and America; and the achievements of Russian military medicine have astonished the physicians of the outside world as much as the achievements of the Russian army have astonished the military men. It should be noted in this particular that the two medical specialties concerned are those most nearly comparable in Russia and America; military medicine is, of necessity, a public service in America as in the Soviet Union; and psychiatry is in great part a public health function in this country, while it is entirely a public function in Russia.

The present little pamphlet is a nontechnical description of the workings of a public health service extended to cover all the functions of medicine in peace and war—what, in this country, we would refer to as "socialized medicine." When all allowances for undue enthusiasm here and there are made,

the achievement of educating a modern professional group and making its services generally available to millions only a generation removed from the Middle Ages is an extraordinary one. In 48 pages, only a sketchy description of this system of medical care can be given; the detail which would be of greatest interest to the American doctor is necessarily lacking; but the booklet provides useful orientation for layman and physician alike for the study of the Russian medical organization.

WAR, BABIES AND THE FUTURE. By William Fielding Ogburn. 1943.
JOBS AND SECURITY FOR TOMORROW. By Maxwell S. Stewart. 1943.
WHY RACE RIOTS? By Earl Brown. 1944. Public Affairs Pamphlets,
Nos. 83, 84 and 87. 31 pages each. Paper. Public Affairs Committee,
Inc. New York. Price 10 cents each.

These are analyses from sociological points of view of various current national and international problems. The paper on jobs and security is largely a discussion of the plan of the War Resources Planning Board for postwar social security and, as such, is of less interest today than when there were greater prospects of the adoption of that program. The other articles cover a short summary of population trends in the modern world, with particular reference to our present allies and enemies; and a brief discussion of recent negro-white rioting in our northern cities with notes on causes and prevention which some psychiatrists might criticize as superficial but which are, nevertheless, of interest from the point of view of taking precautions against future troubles. All should be worth the attention of anybody engaged in social science.

NEWS AND COMMENT

NEW TITLES FOR OLD

All superintendents of institutions in the Department of Mental Hygiene became "directors" under the reclassification of duties and titles which was effective on October 1, 1943. All first assistant physicians and directors of clinical psychiatry became "assistant directors."

Other officers of the medical staffs were reclassified as "senior physicians (psychiatry)" which comprises the old grade of senior assistant physician; "physicians (psychiatry)" which may include some former senior assistant physicians and most former assistant physicians; and "resident physician" and "medical interne," both training positions in the exempt class and covering officers previously classified as internes.

Below the grade of assistant director, the new titles do not correspond exactly to the old, as the new classification regulations are not the same as the old ones. A new position of "associate director" was created, but no existing officers were assigned to it. Eventually, the smaller hospitals will be headed by "associate directors" instead of "directors," and the larger hospitals will have "associate directors" as their second ranking medical officers, instead of first assistant physicians as they had formerly. Among the nonmedical officers, a similar situation exists in regard to the old position of steward.

All stewards actually in office when the new regulations went into effect have become "senior business assistants." A new position of "business assistant" has been assigned to the former assistant stewards of Pilgrim, Central Islip, Kings Park and Rockland State hospitals. As in the case of "associate directors" in the smaller institutions, "business assistants" will eventually replace "senior business assistants" in the smaller hospitals and schools. For the schools and Craig Colony in general, the same rules concerning "associate director" apply as for the hospitals. The position is senior to the present one of "assistant director" and will pay a higher salary.

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JAMES McKEEN CATTELL, PSYCHOLOGIST, IS DEAD

James McKeen Cattell, Ph.D., widely-known figure in academic psychology, educator, author and editor, died in Lancaster, Penn., on January 20, 1944, at the age of 83. Dr. Cattell, educated in this country and Germany in the days when psychology was just beginning to be a subject of serious

scientific study, became, with William James, one of the American pioneers in this important subject in the last two decades of the nineteenth century.

Dr. Cattell's teachings formed a great part of the groundwork for American psychological accomplishment, but his interest in science was general, not confined to his own discipline. At the time of his death, he had been editor of "Science" for 50 years; and he served as editor or coeditor of many other scientific publications. Dr. Cattell was the center of an acrimonious controversy during the first World War when he was dismissed as professor of psychology after 26 years of service to Columbia University for protesting against forcing drafted men to fight in Europe against their will—he later explained that he referred to men with conscientious scruples only. There were protests and resignations among the Columbia faculty; and Dr. Cattell later recovered \$45,000 in an out of court settlement of a suit over pension claims.

At the time of his death, the controversy virtually forgotten, Dr. Cattell was generally recognized as the "dean" of American scientific men and the foremost scientific editor of the country. He was a member of numerous scientific societies, was honored nationally and internationally and held honorary degrees from several colleges and universities.



AWARDS FOR RESEARCH IN WOMEN'S PROBLEMS

Pi Lambda Theta, national association of women in education, announces increased awards this year for its research studies, the 1944 topic to be "Professional Problems of Women." Two awards of \$400 each will be granted for unpublished studies on any aspect of these problems submitted by August 1, 1944. Any individual may submit a study, regardless of whether he is engaged in educational work at present.



OF INTEREST TO SUPPLEMENT READERS

Material of particular interest to readers of THE SUPPLEMENT in the last two numbers of THE PSYCHIATRIC QUARTERLY includes a paper by A. Weider, J. Levi and F. Risch on "Performances of Problem Children on the Wechsler-Bellevue Intelligence Scales and the Revised Stanford-Binet" in the October, 1943, issue; and "The Rorschach Analysis of Psychotics Subjected to Neuro-Surgical Interruption of the Thalamo-Cortical Projections," by G. W. Kisker in the January, 1944, issue. The January editorial, "They Who Get Slapped," a discussion of the "General Patton slapping incidents," is also of general interest.

Book reviews in which readers of THE SUPPLEMENT may take particular interest include: "The Creative Unconscious," by Hans Sachs; "Contemporary Psychopathology," edited by Silvan S. Tomkins; "Under Cover," by John Roy Carlson; "Survival," by Phyllis Bottome; "Death in the Doll's House," by Hannah Lees and Lawrence Bachman; "The Boy Sex Offender and His Later Career," by Lewis J. Doshay; "Equinox," by Allan Seager; "Walt Whitman," by Henry Seidel Canby; and "The Origin and Function of Culture," by Geza Roheim; all in the January number. October, 1943, book reviews of particular interest are: "Psychology for the Fighting Man," edited by E. G. Boring and M. Van de Water; "Counseling and Psychotherapy," by Carl R. Rogers; "A Survey of Alcohol Education in Elementary and High Schools in the United States," by Anne Roe; "*Einführung in den Behn-Rorschach Test*," by Hans Zulliger; and "Man in Structure and Function," by Fritz Kahn.

GENERAL STATISTICAL INFORMATION RELATING TO STATE
HOSPITALS, STATE SCHOOLS AND CRAIG COLONY

CENSUS OF JANUARY 1, 1944

Patient population:

Civil State hospitals:

In hospitals	71,617
In family care	1,114
On parole	8,953
	81,684

Dannemora and Matteawan	2,779
-------------------------------	-------

Licensed institutions for mental disease	*5,993
--	--------

Institutions for mental defectives:

In institutions proper	13,878
In colonies	1,371
In family care	561
On parole	2,213
	18,023

Licensed institutions for mental defectives	*586
---	------

Institutions for defective delinquents	1,945
--	-------

Craig Colony for epileptics	2,395
-----------------------------------	-------

Total	*113,405
-------------	----------

Certified capacity of civil State hospitals	62,778
---	--------

Certified capacity of Dannemora and Matteawan	2,457
---	-------

Certified capacity of institutions for mental defectives.....	11,713
---	--------

Certified capacity of Craig Colony for epileptics	1,990
---	-------

Medical officers in civil State hospitals	297
---	-----

Medical officers in Dannemora and Matteawan	11
---	----

Medical officers in institutions for mental defectives	34
--	----

Medical officers in Craig Colony for epileptics	6
---	---

Employees in civil State hospitals	12,990
--	--------

Employees in Dannemora and Matteawan	768
--	-----

Employees in institutions for mental defectives	2,378
---	-------

Employees in Craig Colony for epileptics	371
--	-----

*Subject to correction.

GENERAL STATISTICAL INFORMATION

MOVEMENT OF EMPLOYEES IN CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1943

State hospitals	In service, July 1, 1943	Engaged	Left service	In service, Dec. 31, 1943	Vacancies, Dec. 31, 1943	Number of patients, excluding parolees, Dec. 31, 1943, to each																
	Medical officers	Other employees	Medical employees	Other employees	Medical officers		Medical officers	Other employees	Medical employees	Other employees	Medical officers	Other employees	Medical employees	Other employees	Medical officers	Other employees	Medical employees	Other employees	Medical officers	Other employees	Medical employees	Other employees
Binghamton ...	16	390	254	3	131	29	8	111	27	11	410	256	6	15	29	247.8	6.6	4.0				
Brooklyn ...	29	648	246	9	320	152	7	411	73	31	557	325	1	25	53	104.4	5.8	3.5				
Buffalo ...	11	216	204	1	41	21	2	51	38	9	206	187	6	130	23	278.8	12.2	6.2				
Central Islip ...	27	727	362	4	141	72	4	294	25	27	574	409	17	426	130	265.0	12.5	7.1				
Creedmoor ...	20	447	310	2	151	46	3	112	116	19	486	240	7	243	46	235.4	9.2	6.0				
Gowanda ...	10	219	195	1	63	29	1	69	31	9	213	193	5	190	45	291.9	12.3	6.3				
Harlem Valley ...	16	461	250	1	122	44	4	140	49	12	443	345	11	213	61	372.4	16.1	6.4				
Hudson River ...	21	503	369	2	170	87	9	207	73	14	466	383	11	269	53	344.9	10.4	5.6				
Kings Park ...	26	624	399	1	174	66	5	167	111	21	631	354	19	388	104	297.5	10.9	6.2				
Manhattan ...	19	439	302	3	76	41	4	127	13	18	388	330	3	122	64	299.6	9.3	4.9				
Mary ...	13	279	218	1	55	22	3	59	9	10	275	231	6	144	39	251.6	9.1	4.9				
Middletown ...	10	415	231	1	85	69	1	124	26	10	376	274	10	178	10	359.9	9.5	5.4				
Pilgrim ...	34	718	411	3	200	73	8	223	125	29	695	359	22	604	141	298.5	12.5	8.0				
Psychiatric Inst.																						
and Hos.	14	67	150	5	13	40	6	21	40	13	59	150	3	31	15	10.6	2.3	0.6				
Rochester ...	12	380	177	1	45	23	3	90	21	10	335	179	7	133	72	313.0	9.3	6.0				
Rockland ...	31	646	404	5	208	96	7	308	94	29	546	406	8	336	75	304.3	10.9	6.0				
St. Lawrence ...	7	279	239	1	142	27	1	101	55	7	320	211	8	32	7	314.0	6.9	4.1				
Syracuse Psy. Hos. ...	3	35	22	..	8	2	..	10	1	3	33	23	1	13	6	14.3	1.3	0.7				
Ulster ...	9	207	200	..	60	28	1	55	24	8	212	204	4	66	30	226.9	8.6	4.3				
Willard ...	7	273	247	..	52	32	..	31	64	7	294	215	9	206	46	419.6	10.0	5.7				
Total ...	335	7,973	5,190	39	2,257	999	77	2,711	1,015	297	7,519	5,174	163	3,764	1,049	258.5*	9.8*	5.7*				

*Excluding Psychiatric Institute and Hospital and Hospital and Syracuse Psychopathic Hospital.

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1943, AS REPORTED BY
SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING DECEMBER 31, 1943

GENERAL STATISTICAL INFORMATION

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State hospitals	Admissions										Discharges										Overcrowding			
	Census, July 1, 1943					First admissions					Transferred					Census, Dec. 31, 1943		Overcrowding capacity						
	Readmissions	Readmissions	Transfers	Transfers	Recovered	Improved	Unimproved	No. issued	Dead	Transferred	Transferred	Transferred	Transferred	Transferred	Census, Dec. 31, 1943	Capacity	Overcrowding capacity	Overcrowding capacity	Overcrowding capacity	Census, Dec. 31, 1943	Capacity	Overcrowding capacity	Overcrowding capacity	
Binghamton	2,976	190	71	69	320	52	71	18	9	114	36	306	3,000	2,391	263	110								
Brooklyn	4,503	1,297	313	22	1,632	233	198	200	15	573	524	1,743	4,392	2,693	630	242								
Buffalo	2,849	267	72	13	352	58	44	29	17	1	155	17	321	2,880	1,942	541	279							
Central Islip	8,141	356	110	51	517	138	222	47	16	..	253	6	682	7,976	6,443	629	98							
Crookmoor	4,973	324	72	172	568	163	74	50	20	1	139	80	527	5,014	4,142	320	80							
Gowanda	3,087	175	45	13	233	72	39	22	14	7	120	15	289	3,031	2,928	320	144							
Harlem Valley	4,815	116	47	250	64	43	19	9	1	135	16	287	4,778	3,972	394	99								
Hudson River	5,174	208	106	71	385	38	59	18	..	255	14	443	5,116	4,131	595	144								
Kings Park	7,352	270	124	194	588	53	168	52	11	..	247	250	781	7,159	5,390	825	153							
Manhattan	3,880	1,247	109	81	1,437	181	75	70	45	1	644	23	1,039	4,978	3,609							
Marey	2,821	230	49	8	287	37	62	28	8	7	107	6	255	2,853	2,140	237	157							
Middletown	3,883	110	52	96	258	34	46	21	26	7	128	56	318	3,823	2,742	639	244							
Pilgrim	9,665	418	143	70	631	252	204	56	21	2	259	23	817	9,479	7,831	745	95							
Psy. Inst. and Hos.	147	25	..	150	20	46	43	38	5	..	1	153	144	210								
Rochester	3,455	253	69	7	329	48	57	25	8	3	170	7	318	3,466	2,740	339	124							
Rockland	6,854	472	188	5	665	181	95	36	7	171	35	710	6,809	4,700	1,180	251								
St. Lawrence	2,295	134	34	33	201	58	31	20	11	1	90	3	214	2,282	1,721	285	166							
Syracuse Pay. Hos.	23	222	61	..	283	21	12	33	26	35	9	127†	263	43	60	..								
Utica	2,048	193	78	5	276	40	42	41	15	12	103	10	263	2,061	1,552	199	128							
Willard	3,167	177	33	1	211	46	36	25	13	9	146	3	278	3,100	2,431	447	184							
Total	82,108	6,784	1,801	998	9,583	1,793	3,710	9,53	376	105	3,818	1,252	10,907	8,684	6,297	8,728*	139*							

* Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

† Committed to other institutions.

GENERAL STATISTICAL INFORMATION

MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED
DECEMBER 31, 1943

GENERAL STATISTICAL INFORMATION

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MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED DECEMBER 31, 1943, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERTROWDING ON DECEMBER 31, 1943

State Institutions	Admissions		Discharges			Overcrowding in institutions
	Census, July 1, 1943	Census, Dec. 31, 1943	Total	Transferred	Dead	
First admissions						
Readmissions						
Total						
Unimproved						
Defective						
Not mentally defective						
Not epileptic						
Total						
Census, Dec. 31, 1943						
Number						
Certified capacity						
Per cent						

State Schools for Mental Defectives:						
Letchworth Village	4,755	197	41	3	241	158
Newark	3,128	102	13	3	118	44
Rome	3,963	100	8	1	109	27
Syracuse	1,358	54	1	28	83	84
Wassau	4,929	146	11	1	158	161
Total	18,133	599	74	36	709	474

Craig Colony for Epileptics	2,438	81	15	..	96	37
Total						
Census, Dec. 31, 1943						
Number						
Certified capacity						
Per cent						

ADVERTISEMENT

Psychiatric Word Book

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Psychoanalysis Designed for Students of
Medicine and Nursing and Psychiatric
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